



*Maine Center for Disease
Control and Prevention*
An Office of the
Department of Health and Human Services

Application for Disinterment or Removal of Human Remains

I, _____ of _____ County,
(Applicant name)

State of _____, hereby request that the body of _____

_____, who died on _____, and is buried at
(Decedent) (mm/dd/yyyy)

_____ be disinterred or removed from the mausoleum or tomb.
(Name of cemetery or mausoleum)

I do hereby declare that, to the best of my knowledge and belief, I am the closest surviving relative of the decedent name above and, where other family members of equal or greater legal blood relationship also survive (M.R.S.A., Title 22, §2843-A, 1-D), that they are aware of, and do not object to, the disinterment or removal.

I hereby declare that, to the best of my knowledge and belief, I have contacted the owner of the lot (M.R.S.A., Title 22 §2843 under Notes of Decisions) who is aware of, and does not object to, the disinterment or removal.

_____ dated this _____ day of _____, 20 _____.
(Signature of applicant)

STATE OF MAINE County _____

Personally appeared before me the above-named and _____
made oath of the truth of the foregoing statements.

(Notary Public Signature)

Term expires: _____