

TO BE COMPLETED BY FAMILY

**REQUEST FOR DISINTERMENT, TRANSFER
AND REINTERMENT OF HUMAN REMAINS**

Dated: _____

I/WE, the undersigned, grant to _____
(Funeral Home)

full authorization to disinter, transfer and reinter the human remains of

_____, who died
(Name of Deceased)

on _____, 20____, now interred at _____
(Cemetery)

_____, located in Baltimore County, Maryland.

Place of reinterment is _____ in
(Cemetery)

_____. The reason for disinterment is
(City/County) (State)

_____.

It is understood and agreed that I/We will pay all costs incurred.

WITNESS

SIGNATURE OF FAMILY MEMBER(S)

