



APPLICATION AND PERMIT FOR GRAVE OPENING AND/OR DISINTERMENT

CONWAY TOWNSHIP, LIVINGSTON COUNTY, MICHIGAN

APPLICATION

1. Person(s) requesting disinterment and/or grave opening (at least two family members, heirs, or otherwise authorized individuals or entities must join in on the application):

Name: _____

Address: _____

Telephone Number: _____

Relationship to the Deceased: _____

Name: _____

Address: _____

Telephone Number: _____

Relationship to the Deceased: _____

2. Cemetery involved: _____

3. Reason(s) for the disinterment and/or opening of the grave:

4. Has there been a court order issued ordering the disinterment and/or grave opening?

Yes No

If a court order has been issued, a copy of the order must accompany this application and be filed with Conway Township.

5. Name of the deceased: _____

6. Date of burial of the deceased: _____

7. Name(s) of the owner(s) of the lot or burial right where the body is currently interred is/are: _____

8. Date that the burial lot or right was purchased from Conway Township:

9. Are either of the persons listed above in Section 1 who are requesting this permit the owner(s) of the burial lot or space?

Yes No

If not, why not? _____

10. By what authority do the above-listed two persons or entities have authority to disinter the deceased and/or open the deceased's gravesite?

11. List the names and telephone numbers of the four closest surviving kin or heirs to the deceased:

12. Name of the funeral director or parlor involved: _____

Address: _____

13. Release/waiver/hold harmless: The below-signed persons or entities hereby agree and consent that they hereby release, hold harmless, and will reimburse and indemnify Conway Township, the Township Sexton, and each and every Conway Township employee, contractor, official and officer for, from and against any and all damages, causes of action, costs and expenses associated with, arising out of or related to the disinterment and/or opening of the gravesite of the above-mentioned deceased person and also hereby waive and release the Township, the Township Sexton, and each and every Township employee, contractor, officer and official for, from and against any matter, costs, damages or liability arising of and/or related to such disinterment and/or grave opening.

I/We also acknowledge, consent, and understand that I/we may also have to sign an affidavit for disinterment (or the equivalent) on the form authorized by the Michigan Department of Public Health pursuant to Public Act 368 of 1978, as amended, and file the same with the applicable health department.

14. I/We also swear and affirm that all of the above-listed information and facts are true to the best of his/her/its knowledge, and that I/we sign this application as an affidavit and under oath with the full understanding that I/we assume full responsibility for the disinterment and/or opening of the gravesite of the above-mentioned deceased person.

Date: _____, 20 ____

STATE OF MICHIGAN

COUNTY OF _____

The foregoing was acknowledged before me this _____ day of _____, 20 ____, by

_____ who is personally known to me or who has produced his/her Michigan driver's license as identification.

Notary Public, _____ County, Michigan

Acting in _____ County

My commission expires:

Date: _____, 20 ____

STATE OF MICHIGAN

COUNTY OF _____

The foregoing was acknowledged before me this _____ day of _____ 20 ____ by

_____, who is personally known to me or who has produced his/her Michigan driver's license as identification.

Notary Public, _____ County, Michigan

Acting in _____ County

My commission expires: _____

* * *

PERMIT

The application for the above grave opening and/or disinterment is hereby:

Approved Denied

If approved, the following conditions apply:

If denied, the reason(s) for denial:

Date: _____ 20__

By: _____

For _____ Township _____