



South Perinton Cemetery Association
Body Disinterment/Removal
NEXT-OF-KIN CONSENT FORM

I hereby certify that I am the _____ of _____ .
(Relationship) (Name of Deceased)

____ There **are** other living relatives that precede me in degree or share my degree of kindred who also need to give their permission for the disinterment and/or removal of the deceased.
or

____ There **are no** other living relatives that precede me in degree of kindred.

I give my permission for the disinterment and ____ temporary or ____ permanent removal of the body of the above named deceased.

If permanent removal, the body will be moved to _____
(Name of Cemetery Where Body is to be interred)

(Signature)

(Date)

(Address)

(Phone Number)

(Notary Witness Signature)

(Date)