

# Request for Disinterment

To: Dr. Shanker Nesathurai  
Medical Officer of Health  
Haldimand-Norfolk Health Unit  
12 Gilbertson Drive, P.O. Box 570  
Simcoe, ON N3Y 4N5

**FEE \$147.00 - cheques are to be made payable to Norfolk County.**

**A request is hereby made for the disinterment of the body of the late:**

Name of Deceased:

**From:**

Grave & Lot Number:

Name of Cemetery:

City or Town:

Municipality:

Province:

Country:

**And reburial in:**

Grave & Lot Number:

Name of Cemetery:

City or Town:

Municipality:

Province:

Country:

**The body was originally interred in:**

Type of casket and/or vault:

Interred on:

Cause of death being:

\_\_\_\_\_  
Signature Funeral Home

\_\_\_\_\_  
Signature Next of Kin

\_\_\_\_\_  
Print  
Public Health Inspector for Medical Officer of Health

\_\_\_\_\_  
Signature  
Public Health Inspector for Medical Officer of Health

Dated in Simcoe, Ontario this \_\_\_\_\_ of \_\_\_\_\_, 2019

Updated December 2018