

Request for Disinterment

To: Haldimand-Norfolk Health Unit
12 Gilbertson Drive, P.O. Box 570
Simcoe, ON N3Y 4N5

FEE \$177.00 - 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 _____, 2024

Updated January 2024

