

To: Grand Erie Public Health
Suite 200 - 185 Robinson Street
Simcoe, ON N3Y 5L6

FEE \$184.00 - cheques are to be made payable to Grand Erie Public Health.

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 _____, 2025

Updated April 2025