



## Request for Disinterment

### Decedent's Information

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Birth Date: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Burial Plot: \_\_\_\_\_

### Requestor's Information

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship  
to Decedent: \_\_\_\_\_

### Funeral Director's Information

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

### Vault Company Information

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

## Waiver of Liability

The City of Orem assumes no liability for any property damage, including damage to a casket, vault, memorial, etc., or for bodily injury sustained during a disinterment from causes beyond its reasonable control.

The City is not liable for acts or omissions of any third party for any reason. The City is not liable for damage to the contents of any casket or adjacent lots from causes beyond its reasonable control.

The City is not liable for mental anguish, shock, or intentional or negligent infliction of emotional distress arising out of any disinterment.

The undersigned agrees to indemnify the City and its employees from any claims by third parties arising out of any disinterment.

I have read the forgoing Waiver of Liability and agree to its terms.

\_\_\_\_\_  
Requesting Party

\_\_\_\_\_  
Date

## City Sexton's Duties

The City Sexton shall determine whether a disinterment poses a danger to the health, safety, or welfare of City employees or the public. The City Sexton may refuse to perform a disinterment if he determines there is a danger to the health, safety, or welfare of City employees or the public or if he determines the disinterment would disturb or damage an adjacent burial lot.

\_\_\_\_\_ Requesting party's initials.

## Certification

I hereby certify that the information I have provided is true and correct to the best of my knowledge. I also certify that I am authorized to request this disinterment and that there is no legal action pending opposing this disinterment.

\_\_\_\_\_  
Requesting Party

\_\_\_\_\_  
Date

## For Office Use Only

\_\_\_\_\_ County Board of Health Disinterment Permit

\_\_\_\_\_ Fee paid (\$\_\_\_\_\_)

\_\_\_\_\_ Reviewed by City Attorney's Office

Phone: \_\_\_\_\_