

PETITION FOR REMOVAL OF REMAINS

Name of deceased: \_\_\_\_\_

Where is deceased buried? Holy Saviour Cemetery \_\_\_\_\_ Resurrection Cemetery \_\_\_\_\_

Section \_\_\_\_\_ Range \_\_\_\_\_ Lot \_\_\_\_\_ Grave \_\_\_\_\_

Building \_\_\_\_\_ Side \_\_\_\_\_ Level \_\_\_\_\_ Crypt \_\_\_\_\_ Niche \_\_\_\_\_

Type of Container was used for Burial / Entombment: \_\_\_\_\_

Are there other remains in this grave? \_\_\_\_\_

Name on Burial Privilege Form to the above Section or Building \_\_\_\_\_

Relationship of applicant to the owner of record \_\_\_\_\_

If the owner of Burial Privilege Form is deceased, state the names of surviving husband or wife and children or other next of kin.

\_\_\_\_\_  
\_\_\_\_\_

Relationship of applicant to the deceased \_\_\_\_\_

Name of Funeral Director \_\_\_\_\_

Has permission been obtained to open the above plot? \_\_\_\_\_

(If necessary, a statement must be presented with the petition from the owner of the Burial Privilege in above Section or Building)

If the petition is approved:

Where will the remains be reinterred? Cemetery \_\_\_\_\_

Section \_\_\_\_\_ Range \_\_\_\_\_ Lot \_\_\_\_\_ Grave \_\_\_\_\_

Building \_\_\_\_\_ Side \_\_\_\_\_ Level \_\_\_\_\_ Crypt \_\_\_\_\_ Niche \_\_\_\_\_

Will the Burial Privilege Form to above Section or Building be present? \_\_\_\_\_

Will the Civil Removal Permit be obtained and presented? \_\_\_\_\_

Relationship to owner of Burial Privilege for Section or Building \_\_\_\_\_

Reason for petitioning removal: \_\_\_\_\_  
\_\_\_\_\_

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

Signature of Petitioner: \_\_\_\_\_

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

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

State of Pennsylvania )  
County of \_\_\_\_\_ ) SS :

Being duly sworn says: I am the applicant above named, I have read the foregoing statement and the same is true.

I hereby apply to the Diocesan Cemeteries Authorities of the Diocese of Allentown for the removal of the remains herein referred to.

I hereby certify that I have jurisdiction over this removal and reinterment and agree to indemnify said Authorities against any and all claims arising from this petition.

Sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_\_\_

Witness: \_\_\_\_\_

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

Notary Public: \_\_\_\_\_

Director Of Cemeteries: \_\_\_\_\_ Date: \_\_\_\_\_