

Right to Disinterment Form

Historic Randolph Cemetery

Number:	Date:
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A copy of the death certificate must be submitted with this form.

Please see the guidelines for disinterment at Randolph Cemetery as stated in the cemetery's code before filling out this form.

Name of Deceased (Last) (First) (Middle or Maiden) Sex F M

Birthdate (month/day/year)

Date of Death (month/day/year)

Last known permanent address of deceased

Name of person requesting disinterment. *(The individual requesting disinterment must be the same person listed as requesting official permission to disinter through the Department of Health and Environmental Control (DHEC) and must be the individual filling out this form)*

Relationship of requestor to deceased individual _____

Reason for requesting disinterment

All disinterments must have prior approval from the Department of Health and Environmental Control. Has DHEC granted approval for this disinterment? _____ If yes please attached a copy of the DHEC granted permit for disinterment.

List the location and address intended for re-interment

Please list the agency that will be responsible for performing the disinterment and re-interment of the burial upon approval

Please list your contact information including permanent address and phone number

For official use only, do not fill out

Approved / Disapproved

Reason for disapproval

No permit from DHEC / requestor does not have right to request disinterment

Other: _____

Date Reviewed _____

Agent reviewing and granting decision:

Name

Phone