Form OCL 127-001 H

ONEIDA TRIAL COURT

DISINTERMENT OF: _____, DECEASED

Case No. _____

VERIFICATION OF REINTERMENT

The undersigned (Name and Title) _____ of the _____ Cemetery, states that the remains of the above-named decedent were reinterred on the _____ day of _____, 20__, pursuant to the order of the court.

_____
Signature

_____
Typed or Printed Name

_____
Cemetery

_____

_____
Address

_____
Telephone (include area code)

c: Oneida Enrollment Department