

AUTHORIZATION REQUEST FOR REMOVAL OF HUMAN REMAINS

DATED: _____

Pursuant to the Annotated Code of Maryland, Criminal Law Article, § 10-402(b), I hereby request permission from the State’s Attorney for Worcester County to remove the human remains of _____, date of death _____,

(Name of Deceased)

from the current burial site at _____,

(Cemetery)

Site location (tax map and parcel number or liber and folio numbers)

City/County

State

The undersigned Applicant hereby certifies that they have published a notice of the proposed relocation in a newspaper of general circulation in Worcester County at least one time. The undersigned Applicant hereby certifies that the published notice contained:

- (i) a statement that authorization from the State’s Attorney is being requested to remove human remains from a burial site;
- (ii) the purpose for which the authorization is being requested;
- (iii) the location of the burial site, including the tax map and parcel number or liber and folio number; and
- (iv) all known pertinent information concerning the burial site, including the names of the persons whose human remains are interred in the burial site, if known.

The undersigned Applicant shall assume responsibility for all costs associated with publication of the required notice.

The undersigned Applicant certifies that the purpose for which authorization is being requested is for the purpose of reburial to ascertain the cause of death to determine whether the remains were interred erroneously for medical or scientific examination or study allowed by law. Furthermore, the undersigned Applicant states that it is the intent that the remains be relocated permanently.

The undersigned Applicant affirms that Reinterment of the human remains shall be completed according to the requirements of Annotated Code of Maryland, Criminal Law Article, §10-402(d), and Health-General Article, §4-215(e).

If the undersigned Applicant is a Funeral Home, a Funeral Home Disinterment Agreement has been executed by the next-of-kin of the decedent and is attached.

Name

Street Address

Signature

County/State

Title

Telephone