RESTLAWN CEMETERY
Disinterment Request

NAME OF LOT OWNER _____

DISTERMENT TO BE MADE ON:

SECTION _____

BLOCK NO. _____

LOT LETTER _____

N

F	L	
E	K	
D	J	
C	I	
B	H	
A	G	

W E

S

REMAINS OF: _____

PLACE OF DEATH _____ DATE OF DEATH _____

DATE OF DISINTERMENT _____

AGE _____ SEX ☐ Male ☐ Female

Request made by : _____

Relationship to Deceased: _____

Funeral Home Responsible for Remains after Disinterment: _____

Re-interment to be made at: _____

PERMISSION IS HERBY GRANTED TO DISINTER THE REMAINS.

COUNTY CLERK'S OFFICE _____

This form to be filled in and presented to the County Clerk's Office, 515 N Washington Ste 100, Liberal, KS when requesting a Disterment.

OFFICE USE:

☐ Update Software ☐ Update file folder

☐ Update Map ☐ Call Ernie