RESTLAWN CEMETERY
Disinterment Request

NAME OF LOT OWNER _____

DISTERMENT TO BE MADE ON:

SECTION _____

BLOCK NO. _____

LOT LETTER _____

N

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

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 Disinterment.

OFFICE USE: □ Update Software □ Update file folder

□ Update Map □ Call Sexton