



CITY OF LYNN HAVEN

## **CEMETERY DISINTERMENT AND DISINURNMENT POLICY**

CEMETERY AUTHORITY

### **PURPOSE**

The purpose of this policy is to establish a consistent process and understanding of the Disinterment and Disinurnment process in accordance with the City of Lynn Haven Cemetery Authority.

### **POLICY**

No disinterment, transfer, or removal of remains will be permitted without the consent of the Cemetery Authority and the written consent of the owner of the lot and all the persons whose consent may be necessary or advisable under the laws of the State of Florida, including all persons having vested interment rights. The Cemetery Authority may, in its sole and absolute discretion, require that in addition to such consents, an order of the Court also be obtained.

All charges, including unpaid arrears pertaining to the lot, if any, shall be payable in advance before disinterment is permitted. The Cemetery Authority assumes no liability for any damage to any coffin, casket, burial case, urn, or any other burial container, that might result from or in connection with the making of a disinterment, removal, or transfer.

The date of disinterment, transfer, or removal shall be set solely by the Cemetery Authority.

Prior to any reinterment of any remains previously interred, whether, in the Cemetery or elsewhere, the Cemetery Authority reserves the right to inspect the casket and remains and to take whatever action it deems necessary to make the casket or remains acceptable for reinterment in the same manner and condition as when originally interred.



CITY OF LYNN HAVEN  
**REQUEST FOR DISINTERMENT**  
CEMETERY AUTHORITY

**Date of Request:** \_\_\_\_\_

- This form must be filled out in its entirety before submitting.
- All Disinterment must follow **Florida Statue 497.384**
- Disinterment Authorization must be produced before approval is granted
- Email Form to: **cemetery@cityoflynnhaven.com**

**FUNERAL INFORMATION**

**Funeral Home or Church Name:** \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**DISINTERMENT INFORMATION**

**Deceased Full Name:** \_\_\_\_\_

**Date of Disinterment:** \_\_\_\_\_

**Court Order?**  Yes  No

**Interment Location:**  Mount Hope Cemetery (Lynn Haven)  Community Cemetery

**Interment Space:** BLOCK# \_\_\_\_\_ LOT# \_\_\_\_\_ SPACE# \_\_\_\_\_

**Deed Owner Full Name** \_\_\_\_\_

**Reason for Disinterment** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Disinterment or unveiling shall occur before 9:00 A.M. or after 4:00 P.M. All hours are subject to change during certain seasons, at the sole discretion of and as posted by Cemetery Authority or Management.*

**CEMETERY AUTHORITY**

Cemetery Authority Name: \_\_\_\_\_

Approval Signature \_\_\_\_\_

**Date of Approval:** \_\_\_\_\_