

- 10. The Decedent did not die of a contagious or infectious disease, or if so, a permit has been issued by the appropriate Board of Health, attached.
- 11. Decedent had had not executed a written Declaration of Assignment of Right of Disposition pursuant to R.C. 2108.70 *et seq.*

Attorney for Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

Telephone Number (include area code)

Telephone Number (include area code)

Attorney Registration No.

Sworn to and subscribed in my presence this _____ day of _____,
_____.

Notary Public