

## PERMIT TO DISINTER, REMOVE, AND REINTER HUMAN REMAINS

State Form 11678 (R3/12-07)

Indiana State Department of Health Vital Records Division Indiana Code 23-14-57-1

State Health Dept. No:	2015-10 <sup>2</sup>	1
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Date Issued: SEPTEMBER 30, 2015

(J) Name of applicant: JULIA H KEELER O Relationship to the deceased: WIFE C O Name of deceased: THOMAS W KEELE Name and address of current cemeter. Niche, Merrillville, IN 46410 This Document is the property of the Lake County Recorder! Date of interment, entombrent, or inurnment: July 1995 Name and address of proposed cemetery: Ridge United Methodist Church Columbarium Munste Time and date of reinterment, reentombment, reinurnment Name of funeral director who will attend: LARRY DAN State Re

This permit is prepared in triplicate – one copy for each cemetery's records and one copy to be filed in the County Recorder's Office.

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