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| **COUNTY** | **ITEM NO.** | **STATE NO.** | **FEDERAL NO.** | **PARCEL NO.** |
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| **PROJECT** | **CEMETERY NAME** |
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| WHEREAS, the Commonwealth of Kentucky, Transportation Cabinet, finds it necessary to relocate a grave or graves from the cemetery and parcel designated above, for construction of the subject project; andWHEREAS, a contract will be executed with a licensed funeral director to perform all work necessary to relocate these grave(s), and all work will be performed at the expense of the Commonwealth;NOW THEREFORE, I / We the undersigned next of kin do hereby consent to and authorize the contractor to disinter the remains of the deceased from the cemetery designated above and the reinterment of same as follows: |
| **NAME OF DECEASED** | GRAVE # | REINTERMENT CEMETERY NAME, CITY & STATE | GRAVE # |
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| WITNESS My / Our signature*(s)* this |  | day of |  | , 20 |  |  |
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