

APPLICATION FOR EXHUMATION LICENCE

PART 1

I, \_\_\_\_\_ hereby make application for a licence for the exhumation remains of the deceased person named below from the grave in they are interred, and for the removal for purposes of re-interment, and I certify that the particulars given below are true in all respects. If the application is granted I agree to carry any conditions contained in the licence.

1. Name of deceased, in full. \_\_\_\_\_

2. Date of death. \_\_\_\_\_

3. Cause of death.  
(A death certificate must be enclosed with the application.) \_\_\_\_\_

4. Name and location of the burial ground in which the deceased is interred. \_\_\_\_\_  
\_\_\_\_\_

5. Registered number or other means of identification of grave space in which deceased is interred. \_\_\_\_\_

6. Name and address of authority or person in whom the burial ground is vested. \_\_\_\_\_  
\_\_\_\_\_

7. State whether the deceased was married, single and widowed. \_\_\_\_\_

8. Relationship or connection of  
with the deceased. It should be  
stated whether applicant is the  
nearest relative of the deceased,  
and, if not, why the application  
is not made by the nearest  
relative.

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9. Was any objection raised or is  
objection likely to be raised to the  
proposed exhumation, and if so, by  
whom, and on what grounds?

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10. State whether remains are to be  
re-interred in the same burial ground  
and if not, give name and location  
of the burial ground in which it is  
proposed to re-inter the remains.

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11. Registered number or other means of  
identification of grave space in  
which it is proposed to re-inter  
the remains.

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12. Consent in writing to the proposed  
exhumation should obtained from  
the owner of the grave space in  
which the deceased was interred and  
should be attached to this  
application.

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13. Reason for desiring the exhumation and the circumstances in which the remains came to be interred in the original grave should be fully explained.

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Signature of applicant

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Address

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Date

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PART 2

CERTIFICATE OF SENIOR AREA MEDICAL OFFICER

Name of health board \_\_\_\_\_

I hereby certify that the above exhumation and removal can be carried out without danger to the public health or breach of public decency.

Signature: \_\_\_\_\_

Senior Area Medical Officer.

Date: \_\_\_\_\_

PART 3

CONSENT OF LOCAL AUTHORITY OR OTHER AUTHORITY CONTROLLING  
THE BURIAL GROUND

Name of authority \_\_\_\_\_

I hereby consent to the exhumation and removal.

Signature: \_\_\_\_\_ Rank: \_\_\_\_\_

Date: \_\_\_\_\_