APPLICATION FOR EXHUMATION LICENCE

<u>P</u> A	<u> ART 1</u>	
Ι, _	hereby make appl	ication for a licence for the exhumation
rei	mains 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
be.	low are true in all respects. If the applic	ation is granted I agree to carry any
co	nditions 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.	
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?	
	-	
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.	
11.	Registered number or other means of	
	identification of grave space in	
	which it is proposed to re-inter	
	the remains.	
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.	

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.	
Signature of applicant	
Address	
Date	

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.	
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Date:	
PART 3	
CONSENT OF LOCAL AUTHORITY OR OTHER AUTHORITY CONTROLLIN	ΙG
THE BURIAL GROUND	
Name of authority	
I hereby consent to the exhumation and removal.	
Signature: Rank:	
Digitatoro.	_
Date:	