

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. \_\_\_\_\_



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: \_\_\_\_\_