

APPLICATION FOR EXHUMATION LICENCE

PART 1

I, _____ hereby make application for a licence for the exhumation of the remains of the deceased person named below from the grave in which they are interred, and for their 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 out 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 or widowed.* _____
8. *Relationship or connection of applicant 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 be 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.* _____

I, hereby, declare that all information given by me on this form is accurate to the best of my knowledge and I know of no person or group of persons who do not wish to proceed with the exhumation under the conditions as outlined in the foregoing.

Signature of Applicant: _____

Address of Applicant: _____

Date: _____

Witness: _____

Commissioner for Oaths.

EXHUMATION LICENCE

CONSENT FORM

Our Ref.: (ENV 43) EL ___/____

I/We, the undersigned, as immediate living family/next of kin of

Consent to the exhumation of his/her remains from _____

And re-interment in _____

Signed:

Relationship:

Date:

Witnessed by Commissioner for Oaths:

Signed:

Date:

PART 2

CERTIFICATE OF LOCAL HEALTH OFFICE MANAGER

Name of Health Service Executive _____

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

Signature: _____
***Local Health Office Manager,
Health Service Executive.***

Date: _____

Official Stamp of Health Service Executive.

PART 3

**CONSENT OF LOCAL AUTHORITY OR OTHER AUTHORITY
CONTROLLING THE BURIAL GROUND**

Name of Authority _____

I hereby consent to the above exhumation and removal.

Signature: _____

Rank: _____

Date: _____

Official Stamp of Cemetery Management