

APPLICATION FOR EXHUMATION LICENCE

PART 1

I, _____ hereby make application for a licence for the exhumation of 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. _____

Signature of applicant: _____

Address _____

Date: _____

PART 2

CERTIFICATE OF PRINCIPAL ENVIRONMENTAL HEALTH OFFICER

Name of Health Services Executive _____

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

Signed: _____
Principal Environmental Health Officer

Date: _____

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: _____