

## **APPLICATION FOR EXHUMATION**

### **Deceased Details**

Name of Deceased \_\_\_\_\_

Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Burial \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Cemetery \_\_\_\_\_

Allotment Details \_\_\_\_\_

### **Applicants Details (must be the Exclusive Right Holder)**

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Telephone Work \_\_\_\_\_ Home \_\_\_\_\_

Relocation Details \_\_\_\_\_

Reason for Exhumation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Attached is

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A certified copy of the death certificate of the deceased

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A Statutory declaration as to:

*The applicant's relationship to the deceased;*

*The wishes of the deceased regarding the disposal of the body (if known); and*

*Any known objection to the proposed exhumation by any other person.*

Name of Funeral Director carrying out the exhumation \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## ***CONDITIONS OF EXHUMATION***

- 1 The exhumation must be carried out under the supervision of a Public Health Officer of the Health Protection Service.
- 2 The exhumation fees must be paid in advance.
- 3 No persons other than those approved by Canberra Memorial Parks are permitted in the cemetery grounds during the exhumation.
- 4 The Exclusive Right Holder may appoint one non-family observer (eg priest, family friend, Funeral Director) who may be present inside the cemetery at a location stipulated by cemetery staff.
- 5 All conditions set down by the Chief Health Officer are adhered to.

Applicant's Signature

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Date

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Funeral Director's Signature

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Date

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