***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*

*Attached is*

*A certified copy of the death certificate of the deceased*

*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 Funeral Director’s Signature

Date Date