

## Subordinate Local Law 1 (Administration) 2011

## Application for Exhumation

**Purpose of Form:** This form will be used to process your application for disturbance of human remains in a local government cemetery.

**PRIVACY NOTICE:** Council is collecting your personal information (e.g. name, address, phone number, email, relationship to deceased) for the purpose of processing your Application for Exhumation. This information will only be accessed by authorised Council employees and handled in accordance with the *Information Privacy Act 2009*.

Please complete in **BLOCK** letters

CEMETERY (please tick one box)			PLOT DESCRIPTION		
<input type="checkbox"/> MARYBOROUGH	<input type="checkbox"/> POLSON	<input type="checkbox"/> HOWARD	<b>Section</b> (please tick one box)	<b>Sec/Row/Wall</b>	<b>Plot/Niche No</b>
<input type="checkbox"/> TIARO	<input type="checkbox"/> MUNNA CREEK	<input type="checkbox"/> NIKENBAH	GARDEN OF -		
<input type="checkbox"/> DEBORAH			<input type="checkbox"/> REST <input type="checkbox"/> PEACE <input type="checkbox"/> SERENITY		
			<input type="checkbox"/> MONUMENTAL		
			<input type="checkbox"/> LAWN (TIARO)		
DETAILS OF DECEASED					
Surname		Given Names			
Date of Death		Date of Burial		Intended date of Exhumation	
Reasons for exhumation					
A certified copy of the Death Certificate must be submitted with the application.					
INTENDED RE-INTERMENT LOCATION OF DECEASED					
CEMETERY (please tick one box)			PLOT DESCRIPTION		
<input type="checkbox"/> MARYBOROUGH	<input type="checkbox"/> POLSON	<input type="checkbox"/> HOWARD	<b>Section</b> (please tick one box)	<b>Sec/Row/Wall</b>	<b>Plot/Niche No</b>
<input type="checkbox"/> TIARO	<input type="checkbox"/> MUNNA CREEK		GARDEN OF -		
			<input type="checkbox"/> REST <input type="checkbox"/> PEACE <input type="checkbox"/> SERENITY		
			<input type="checkbox"/> MONUMENTAL		
			<input type="checkbox"/> LAWN (TIARO)		
<b>Please note:</b> A separate application for burial must be submitted if the reinterment is within a Fraser Coast Regional Cemetery.					
If the deceased is not to be interred within a Fraser Coast Regional Council cemetery, please provide details of new location.					
FUNERAL DIRECTOR					
Company Name			Contact Person		
Address			Postcode	Telephone	
Email					
I, the undersigned agree to carry out the exhumation on behalf of the applicant and in accordance with the Fraser Coast Regional Council Local Laws and State Government requirements.					
Signature of Funeral Director			Date		

APPLICANT		
Surname	Given Names	Relationship to Deceased
Address		Postcode
Email		Telephone
<b>EXHUMATION AUTHORITY – Please tick appropriate boxes</b> <input type="checkbox"/> I am the person in whose name the Right of Burial was issued. <input type="checkbox"/> The deceased is the Burial Right Holder. <input type="checkbox"/> I was the spouse or domestic partner of the deceased at the time of his or her death. <input type="checkbox"/> I am the legal representative, executor or beneficiary of the original Burial Right Holder. <input type="checkbox"/> I am not the burial rights holder or legal representative, executor or beneficiary of the original Burial Right Holder and am unable to provide authority from the Burial Right Holder. <b>Please complete consent section below.</b>		
<p>I, the undersigned am the representative for the above deceased and agree to abide by the Cemetery terms and conditions. I declare that the information I have supplied in this application is complete, true and correct. I declare that I have the legal right to authorise the exhumation of the body. I have obtained all necessary permission and consents required by law and am authorised to make this application. I hereby indemnify the Fraser Coast Regional Council, its servants, and agents, from any claims, actions, suits or demands arising from any exhumations carried out under this application.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Signature of Applicant</span> <span>Date</span> <span>Witness</span> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Council acts in good faith when it relies on advice provided by applicants and does not accept any responsibility for allowing an exhumation that might be the subject of a later dispute between family members, Executors and/or assigns.</p>		
CONSENT OF OTHER SURVIVING RELATIVES OF THE DECEASED		
<b>This section to be completed if the deceased did not have a spouse or domestic partner at the time of his or her death, or if the spouse or domestic partner has not been able to be informed of this application.</b> The details and consent of all surviving relatives of the deceased in the category first listed in the hierarchy below who are 18 years or older are required to make this application. For the purpose of this application, the categories of surviving near relatives of the deceased are listed below, <b>please indicate the first listed category.</b>		
<input type="checkbox"/> children <input type="checkbox"/> parents <input type="checkbox"/> siblings <input type="checkbox"/> grandparents <input type="checkbox"/> uncles or aunts <input type="checkbox"/> nephews or nieces		
<b>Provide the details and consents of all near relatives indicated in the above category.</b> Please attach separate sheet if not enough room is provided		
Surname	Given Names	Telephone
I consent to the exhumation of the remains of the deceased.		
Signature		Date
Surname	Given Names	Telephone
I consent to the exhumation of the remains of the deceased.		
Signature		Date
Surname	Given Names	Telephone
I consent to the exhumation of the remains of the deceased.		
Signature		Date
Surname	Given Names	Telephone
I consent to the exhumation of the remains of the deceased.		
Signature		Date

## CONDITIONS OF APPLICATION

### APPLICATION FOR CREMATION PURPOSES

Please provide:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>Written confirmation from a recognised undertaker that they are prepared to carry out the exhumation.</li> </ul> | Attached<br><input type="checkbox"/> Y / <input type="checkbox"/> N |
| <ul style="list-style-type: none"> <li>Written consent to the proposed exhumation by the nearest living relative to the deceased.</li> </ul>            | <input type="checkbox"/> Y / <input type="checkbox"/> N             |
| <ul style="list-style-type: none"> <li>A certified copy of the Death Certificate.</li> </ul>  | <input type="checkbox"/> Y / <input type="checkbox"/> N             |

### APPLICATION FOR REINTERMENT PURPOSES

Please provide:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>Written confirmation from a recognised undertaker that they are prepared to carry out the exhumation.</li> </ul> | Attached<br><input type="checkbox"/> Y / <input type="checkbox"/> N |
| <ul style="list-style-type: none"> <li>Written consent to the proposed exhumation by the nearest living relative to the deceased.</li> </ul>            | <input type="checkbox"/> Y / <input type="checkbox"/> N             |
| <ul style="list-style-type: none"> <li>A certified copy of the Death Certificate.</li> </ul>  | <input type="checkbox"/> Y / <input type="checkbox"/> N             |
| <ul style="list-style-type: none"> <li>Lodgement of the details of new burial place where the reinterment is to take place.</li> </ul>                  | <input type="checkbox"/> Y / <input type="checkbox"/> N             |

**Please note: The provision of all details identified above does not guarantee that an approval will be granted.**

**If remains were interred less than 12 months prior to this application, approval may be granted only if special circumstances exist to justify the exhumation and Queensland Health have advised that no health risk will be involved.**

FCRC OFFICE USE ONLY - PARTICULARS OF FEES		
Application Complete – Signature (FCRC Officer)		Date Completed
Receipt No	Receipt Date	Amount
Reg Book <input type="checkbox"/> Sect Book <input type="checkbox"/> UDR <input type="checkbox"/> No/s		Confirmation letter <input type="checkbox"/> Docs No #