

# APPLICATION FOR EXHUMATION LICENCE

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## SECTION 1 – APPLICANT DETAILS

NAME	
POSTAL ADDRESS	
PHONE	
EMAIL	

<b>RELATIONSHIP TO DECEASED</b> (Please attached statutory declaration and/or certified copy proving relationship)	
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## APPLICANT DECLARATION

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 or the cremated ashes.

I hereby request and authorise the Isaac Regional Council to exhume the body of the deceased specified in Section 2 of this application. I have obtained all necessary permissions and consents required by law and am authorised to make this application.

I hereby indemnify the Isaac regional council, its servants, and agents, from any claims, actions, suits or demands arising from any exhumations carried out under this application.

<b>APPLICANT</b>	Signature	Date
	Print Name	

## SECTION 2 – DETAILS OF DECEASED

<b>FULL NAME OF DECEASED</b>			
<b>DATE OF BIRTH</b>		<b>DATE BURIED</b>	
<b>GENDER</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>RELIGION</b>	
<b>FULL NAME OF BURIAL RIGHTS HOLDER/S FOR THE GRAVESITE OF THE DECEASED</b>			
<b>BURIAL RIGHTS HOLDER/S RELATIONSHIP TO THE DECEASED</b>			
<b>HOW WILL THE REMAINS BE TRANSPOSED OF?</b> (If re-interring in the Isaac region, please provide completed application for funeral services form)	<input type="checkbox"/> Cremated	<input type="checkbox"/> Re-interred	

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## SECTION 3 – CEMETERY AND GRAVE LOCATION OF THE DECEASED

<b>CEMETERY</b>	
<b>GRAVE/NICHE LOCATION OF THE DECEASED</b>	

## SECTION 4 – EXHUMATION DETAILS

<b>HOW WILL REMAINS BE CONTAINED/RESERVED?</b> (e.g. re-coffined, body bags, plastic lining, etc)	
<b>WHO WILL WITNESS THE SEALING OF THE COFFIN?</b> (If applicable)	

<b>NAME OF THE FUNERAL DIRECTOR/FUNERAL SERVICES ENGAGED TO UNDERTAKE EXHUMATION</b>			
<b>STREET</b>			
<b>SUBURB/TOWN</b>		<b>STATE</b>	<b>POSTCODE</b>
<b>PHONE</b>		<b>MOBILE</b>	
<b>EMAIL</b>			

## SECTION 5 – NEXT OF KIN (Includes surviving spouse, parents, children, and siblings)

<b>FULL NAME</b>	
<b>RELATIONSHIP TO DECEASED</b>	
<b>FULL NAME</b>	
<b>RELATIONSHIP TO DECEASED</b>	

## SECTION 6 – FUNERAL DIRECTOR DETAILS FOR REINTERMENT

<b>FULL NAME</b>			
<b>JOB TITLE</b>			
<b>FUNERAL SERVICES NAME</b>			
<b>STREET</b>			
<b>SUBURB/TOWN</b>		<b>STATE</b>	<b>POSTCODE</b>
<b>PHONE</b>		<b>MOBILE</b>	
<b>EMAIL</b>			

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## FUNERAL DIRECTOR DECLARATION

I confirm that the details above are true and correct.

**FUNERAL DIRECTOR**

Signature

Date

Print Name

## SECTION 7 – CONDITIONS OF APPLICATION

- Certified copy of the death certificate(s).
- Statutory Declarations(s) – signed by closest Next of Kin of the deceased.
- Written and signed approval from the Burial Rights Holder for the gravesite.
- Confirmation that any necessary permits and arrangement have been made to transfer the remains for re-interment at the cemetery.
- If intrastate/interstate – confirmation and written approval for re-interment of the remains in the cemetery in the other state.
- If intrastate/interstate – confirmation and written approval that all necessary permits and arrangements have been made to transfer the remains for re-interment in the other state.

## ACKNOWLEDGMENTS

### PLEASE NOTE

- The provision of all details identified above does not guarantee that an approval will be granted, *and*
- No approval will be granted if the remains were interred less than 12 months prior to this application.

Once completed please send form and any attachment to:  
[records@isaac.qld.gov.au](mailto:records@isaac.qld.gov.au) or Isaac Regional Council, PO Box 97, Moranbah QLD 4744  
or deliver in person to your local Isaac Regional Council office

## DEPARTMENT USE ONLY

**PROCESSED BY**

Signature

Date

Print Name