



**APPLICATION TO EXHUME REMAINS**  
**PUBLIC HEALTH (DISPOSAL OF BODIES) REGULATION, 2002 Clause 26 (2)**

In accordance with the requirements of Clause 26 (2) of the Public Health (Disposal of Bodies) Regulation 2002, I .....  
*(full name of applicant)*

..... of ..... hereby  
*(address)*

apply for permission to exhume the remains of the late .....  
*(name of deceased)*

from Grave No: ....., Section: ....., being a single

interment within the ..... Cemetery, for the purpose of .....

I seek permission to exhume for the following reason/s:

The deceased was not infected with a List "B" disease as defined in the Public Health (Disposal of Bodies) Regulation 2002.

I am entitled to make this application, because I am: *(tick one)*

- 1.          The executor of the estate of the deceased; or
- 2.          The nearest surviving relative of the deceased; or
- 3.          The proper person (other than an executor or near relative) to make the application for the reasons set out below:

.....  
*(full reasons for application)*

Attached is:

- 1.     A certified copy of the death certificate of the deceased.
- 2.     A statutory declaration as to:
  - My relationship to the deceased; and
  - the wishes of the deceased regarding the disposal of the body (if known);
  - the reasons why the Director-General may consider me the proper person in all the circumstances to make the application
- 3.     The application fee of \$.....

**The exhumation is to be supervised in strict accordance with the attached Plan of Management**

by .....

employed with .....(Funeral Director/Cemetery)

in the capacity of .....

Signature: ..... Date: .....  
*(applicant)*