

**APPLICATION TO EXHUME REMAINS**  
PUBLIC HEALTH REGULATION, 2012 Clause 70(2)

In accordance with the requirements of Clause 70 (2) of the Public Health Regulation 2012, 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: (cross out which is not applicable)

- was not known to be infected with a prescribed infectious disease as defined in clause 53 of the Public Health Regulation 2012; or
- was known to be infected with a prescribed infectious disease as defined in clause 53 of the Public Health Regulation 2012

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.  If there is no such executor or relative available to make the application, another the proper person to make the application for the reasons set out below:

.....  
(Full reasons for proper person to make 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 (if applicable)
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)