



APPLICATION FOR EXHUMATION LICENCE

PART 1

I, _____ hereby make application for a licence for the exhumation of the remains of the deceased person name below from the grave in which they are interred, and for their removal for purposes of re-internment, and I certify that the particulars given below are true in all respects. If the application is granted I agree to carry out conditions contained in the licence.

1. **Name of deceased, in full** _____

2. **Date of Death** _____

3. **Cause of Death**
(A death certificate must be enclosed with the application) _____

4. **Name and location of the burial ground in which the deceased is interred** _____

5. **Registered number or other means of Identification of grave space in which the deceased is interred** _____

6. **Name and Address of authority or person in whom the burial ground is vested** _____

7. **State whether the deceased was married, Single or widowed** _____

8. **Relationship or connection of applicant with the deceased. It should be stated whether applicant is the nearest relative of the deceased, and, if not, why the** _____

application is not made by the nearest relative

9. Was any objection raised or is objection likely to be raised to the proposed exhumation, and is so, by whom, and on what grounds

10. State whether remains are to be re-interred in the same burial ground and if not, give name and location of the burial ground in which it is proposed to re-inter the remains

11. Registered number or other means of identification of grave space in which it is proposed to re-inter the remains

12. Consent in writing to the proposed exhumation should be obtained from the owner of the grave space in which the deceased was interred and should be attached to this application

13. Reason for desiring the exhumation and the circumstances in which the remains came to be interred in the original grave should be fully explained

Signature of Applicant

Address

Date

FEE: €200

Fully completed application form and fee should be submitted to:

Water Services Section, Laois County Council, Aras an Chontae, JFL Avenue, Portlaoise,
Co. Laois.

Contact Telephone Number for Enquiries: 057 86 64120

Note: Total costs of the exhumation are a matter for the applicant.

EXHUMATIONS

Requisites:

A large outer coffin of sufficient dimensions to properly enclose the coffin to be exhumed. The outer coffin should be lined with metal or other suitable material and sealed so as to prevent liquid leaking there from.

Approximately two pints of formaldehyde or other suitable deodorant for use during the process of exhumation. Protective gloves, muslin or other suitable type face masks should be available for the workers. Water, Soap and towels for hand washing should be provided. An adequate supply of disinfectant for use and after the exhumation should be available.

Three broad boards for underneath and the side of the coffin if collapse of it is likely.

Procedure:

- Ascertain beforehand the history of the burial and type of coffin to be exhumed. Coffins sheeted lengthwise or with chipboard are more prone to break apart.
- Workers should wear protective gloves and those with cuts, hacks or abrasions on their hands should not be allowed to work in connection with the exhumation. Wounds received during the exhumation should receive immediate attention.
- The exhumation should be carried out early in the morning – as near to daybreak as possible.
- The Principal Environmental Office of the Health Service Executive to be notified at least (5) working days in advance of the proposed date.

PART 2

CERTIFICATE OF DIRECTOR OF COMMUNITY CARE & MEDICAL OFFICER OF HEALTH

Name of Health Board: _____

I hereby certify that the above exhumation and removal can be carried out without danger to public health or breach of public decency.

Signature: _____
Director of Community Care & Medical Officer of Health

Official Stamp of Health Board:

Date: _____ / _____ / _____

PART 3

**CONSENT OF LOCAL AUTHORITY OR OTHER AUTHORITY CONTROLLING THE BURIAL
GROUND**

Name of Authority: _____

I hereby consent to the above exhumation and removal.

Signature: _____ **Rank:** _____

Date: _____ / _____ / _____