

## **Exhumation Licence – Guide Lines**

- 1) Fill in the attached Exhumation Licence Application and remember to enclose death certificate
- 2) Ensure that all details are true and as accurate as possible
- 3) Enclose a cheque for the sum of €750. This is not a set fee depending on work required. Please make cheque payable to “Fingal County Council”. Please quote Exhumation Licence 52190001.
- 4) Please give contact telephone numbers in case of queries.

**APPLICATION FOR EXHUMATION LICENCE**

**Part 1**

I, \_\_\_\_\_ hereby make application for a licence for the exhumation of the remains of the deceased person named below from the grave in which they are interred, and for their removal for purposes of re-interment, and I certify that the particulars given below are true in all respects. If the application is granted I agree to carry out any 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 objections raised or is objection likely to be raised to the proposed exhumation, and if 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: \_\_\_\_\_



**Part 2**

**CERTIFICATE OF DIRECTOR OF COMMUNITY CARE AND 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 and Medical Officer of Health.

Date:- \_\_\_\_\_

**Part 3**

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

Name of authority   Fingal County Council\_\_\_\_\_

I hereby consent to the above exhumation and removal.

Signature:- \_\_\_\_\_ Grade: \_\_\_\_\_

Date:- \_\_\_\_\_

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