



CORK CITY COUNCIL COMHAIRLE CATHRACH CHORCAÍ

Recreation, Amenity & Culture Directorate

APPLICATION FOR EXHUMATION LICENCE

PART 1

I, _____ hereby make application for a licence for the exhumation remains of the deceased person named below, from the grave in which they are interred, and for their removal for 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 mean 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 the applicant is the nearest relative of the deceased, and, if not, why the application is not being made by the nearest relative. _____

P.T.O.

9. Was any objection raised or is objection likely to be raised to the proposed exhumation, and if so, by whom, and on what grounds? Yes No

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 form.

Office use only: Consent attached Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Signature of Applicant : _____

Address: _____

Date: _____ / _____ / _____

When completed please return to:
Recreation, Amenity & Culture Directorate, Floor 1, Abbeycourt House, George's Quay, Cork, OR Reception Desk, City Hall, Anglesea Street, Cork

Contact Tel. No. for queries: 021 4924042

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.

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: _____ / _____ / _____