## Application for Exhumation Licence

Burial and Cremation Act 2013

**SECTION 1** 

**Full Name** 

Administration use or	nly:		
Date received	1	1	
Date finalised	1	1	
File No			
Doc No			

Application and all accompanying documentation to be posted or emailed to: Office of the Chief Executive
Attorney-General's Department

**Applicant Details (Family Member of Deceased)** 

GPO Box 464
Adelaide SA 5001
t 1800 177 076
e agd@agd.sa.gov.au
w www.agd.sa.gov.au

	Street			
	Suburb / Town			
Contact Details	State		Postcode	
	Mobile		Telephone	
	Email		-	1
Relationship	to Deceased			
Applicant Sig	nature		Date:	1 1
SECTION 2	Funeral Direc	tor (Acting on behalf of the App	olicant)	
Full Name				
Job Title				
Funeral Servi	ces Name			
	Street			
Contact	Suburb / Town			
Details	State		Postcode	
	Mobile		Telephone	
	Email			
I confirm the				
contained wit	thin and	Funeral Director Signature		
	nis <i>Application</i>			
for Exhumation true and corre	on Licence are ect.	Date	/	/

SECTION 3	<b>Details of Dec</b>	eased and Current In	nterment					
Full Name of I	Deceased							
Gender		☐ Male ☐ Female						
Date of Death		1 1	Date	e Buried	,	/	1	
Religion								
Reason for Ex	khumation							
How will the redisposed of?	emains be	☐ Re-interred	☐ Crem	nated				
Full Name of 0	Grant holder							
(Interment Right) for the Deceased		Relationship to Deceas	sed					
Interment Location of Deceased								
Name of Cemo	_							
	Contact Person Full Name							
Cemetery	Job Title							
Contact	Street							
Details	Suburb / Town							
	State			Postcode				
	Mobile			Telephone				
	Email							
	cate - Certified	copy must be provid	led					
	confirm attached (Interment Rig	yht) Certificate - <i>Certi</i>	ified cop	y must be pro	vided.			



SECTION 4	Details of Inte	ended Re-interment of Deceas	sed (Intrastate	/ Interstate / Overseas)
Name of Cem	etery where			
Deceased wil	I be Re-interred			
	Contact Person			
	Full Name			
Cemetery	Job Title			
Contact	Street			
Details	Suburb / Town			
	State		Postcode	
	Mobile		Telephone	
	Email			
Re-interment	Location			
How will rema	ains be placed			
` `	dy bags, lined			
with plastic e	tc)?			
	ess the sealing			
of the coffin?	1			
How will rema				
transported (				
Name of Fund				
engaged to u Re-interment				
The interment	Contact Person			
	Full Name			
Funeral	Job Title			
Services	Street			
Contact	Suburb / Town			
Details	State		Postcode	
	Telephone		Mobile	
	Email			
☐ Tick box to	 o confirm attached	<u> </u>		
		· written confirmation that all n	ecessarv nern	nits, approvals and
	-	nade to transfer the remains t		



SECTION 5	Name(s) of all surviving Next of Kin to the deceased (includes surviving spouse,			
	parents, children and siblings).  Statutory Declaration(s) to be signed by all surviving Next of Kin to the deceased			
	Statutory Declaration(s) to be signed by all surviving Next of Kin to the deceased (ONE PER PERSON).			
	(enz r z.r. z.r. eng.			
Full Name				
T un Numo	Relationship to Deceased			
Full Name				
T un Nume	Relationship to Deceased			
Full Name				
	Relationship to Deceased			
Full Name	_			
	Relationship to Deceased			
Full Name				
	Relationship to Deceased			
Full Name				
	Relationship to Deceased			
☐ Tick box to	o confirm attached			
Statutory De	claration(s) - Certified copy (copies) must be provided.			

## Information

The *Burial and Cremation Act 2013* governs that a person must not cause, suffer or permit non-cremated human remains to be exhumed or removed from their place of interment, or subsequently reinterred, without the consent in writing of the Attorney-General.

In considering your *Application for Exhumation Licence*, the Attorney-General must be satisfied that there are cogent and compelling reasons for doing so and that proper standards of public health are maintained. The Attorney-General will, as part of considering your application, consider the view and opinions of those who manage the cemeteries, or from interested persons.

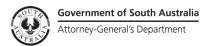
You will receive written notification from the Attorney-General advising the outcome of your *Application for Exhumation Licence*. The timeframe for each application will vary depending on the complexity of circumstances.

If an exhumation licence is granted, you will need to comply with the requirements of SA Health, as identified in their fact sheet 'Disposal of Human Remains: Procedures for Exhumations and Export Authorisations'. This information is available from:

Website: https://www.sahealth.sa.gov.au/

Telephone: (08) 8226 7100

Email: <u>HealthProtectionPrograms@sa.gov.au</u>



## STATUTORY DECLARATION

State of South Australia - Oaths Act 1936

l,
(full name)
of
(address)
am the (relationship to deceased)
(Telationship to deceased)
of the late
(full name of deceased)
do solemnly and sincerely declare that I consent / do not consent
(cross out which does not apply)
to the application for Exhumation of the late
(full name of deceased)
I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions
of the Oaths Act 1936.
Declared at
in the State of South Australia, this day of 20
in the State of South Australia, this day of20
Signature of person making this declaration [to be signed in front of an authorised witness - eg Justice of the Peace]
organistic or person immining and deviations (i.e. of organism in none or an annion organism of and removal
Before me,
Signature of authorised witness