

# Application for Exhumation Licence

*Burial and Cremation Act 2013*

Administration use only:

Date received / /

Date finalised / /

File No .....

Doc No .....

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

GPO Box 464  
Adelaide SA 5001  
t 1800 177 076  
e [agd@agd.sa.gov.au](mailto:agd@agd.sa.gov.au)  
w [www.agd.sa.gov.au](http://www.agd.sa.gov.au)

## SECTION 1 Applicant Details (Family Member of Deceased)

<b>Full Name</b>				
<b>Contact Details</b>	Street			
	Suburb / Town			
	State		Postcode	
	Mobile		Telephone	
	Email			
<b>Relationship to Deceased</b>				
<b>Applicant Signature</b>			Date:	/ /

## SECTION 2 Funeral Director (Acting on behalf of the Applicant)

<b>Full Name</b>				
<b>Job Title</b>				
<b>Funeral Services Name</b>				
<b>Contact Details</b>	Street			
	Suburb / Town			
	State		Postcode	
	Mobile		Telephone	
	Email			
<b>I confirm the details contained within and attached to this <i>Application for Exhumation Licence</i> are true and correct.</b>	<b>Funeral Director Signature</b>			
	<b>Date</b>	/ /		

**SECTION 3 Details of Deceased and Current Interment**

<b>Full Name of Deceased</b>				
<b>Gender</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Date of Death</b>		/ /	Date Buried / /	
<b>Religion</b>				
<b>Reason for Exhumation</b>				
<b>How will the remains be disposed of?</b>		<input type="checkbox"/> Re-interred <input type="checkbox"/> Cremated		
<b>Full Name of Grant holder (Interment Right) for the Deceased</b>		Relationship to Deceased		
<b>Interment Location of Deceased</b>				
<b>Name of Cemetery where Deceased is Interred</b>				
<b>Cemetery Contact Details</b>	Contact Person Full Name			
	Job Title			
	Street			
	Suburb / Town			
	State		Postcode	
	Mobile		Telephone	
	Email			
<input type="checkbox"/> Tick box to confirm attached <b>Death Certificate - Certified copy must be provided</b>				
<input type="checkbox"/> Tick box to confirm attached <b>Grant Holder (Interment Right) Certificate - Certified copy must be provided.</b>				

**SECTION 4 Details of Intended Re-interment of Deceased (Intrastate / Interstate / Overseas)**

<b>Name of Cemetery where Deceased will be Re-interred</b>				
<b>Cemetery Contact Details</b>	Contact Person Full Name			
	Job Title			
	Street			
	Suburb / Town			
	State		Postcode	
	Mobile		Telephone	
	Email			
<b>Re-interment Location</b>				
<b>How will remains be placed (eg coffin, body bags, lined with plastic etc)?</b>				
<b>Who will witness the sealing of the coffin?</b>				
<b>How will remains be transported (eg air, road)?</b>				
<b>Name of Funeral Services engaged to undertake the Re-interment</b>				
<b>Funeral Services Contact Details</b>	Contact Person Full Name			
	Job Title			
	Street			
	Suburb / Town			
	State		Postcode	
	Telephone		Mobile	
	Email			

Tick box to confirm attached

**Copy must be provided of written confirmation that all necessary permits, approvals and arrangements have been made to transfer the remains to the intended re-interment location.**



**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 (ONE PER PERSON).**

Full Name		
	Relationship to Deceased	
Full Name		
	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 confirm attached

**Statutory Declaration(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: [HealthProtectionPrograms@sa.gov.au](mailto:HealthProtectionPrograms@sa.gov.au)



# STATUTORY DECLARATION

State of South Australia - *Oaths Act 1936*

I,

\_\_\_\_\_ (full name)

of

\_\_\_\_\_ (address)

am the

\_\_\_\_\_ (relationship 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\_\_\_\_

.....  
Signature of person making this declaration [to be signed in front of an authorised witness - eg Justice of the Peace]

Before me,

.....  
Signature of authorised witness