

# Application to Secretary for exhumation licence

Form 5 (Regulation 22(1), Schedule 1)

Cemeteries and Crematoria Act 2003  
Cemeteries and Crematoria Regulations 2015

Please refer to the *Exhumation licence policy* and the factsheet *Making an application for an exhumation licence* before completing this form. This form is only one part of your application. The policy and factsheet set out all requirements for an application and can be downloaded from the [health.vic website <www.health.vic.gov.au/public-health/cemeteries-and-crematoria>](http://www.health.vic.gov.au/public-health/cemeteries-and-crematoria) or by contacting the Cemetery Sector Governance Support Unit on 1800 034 280.

Please submit the completed application form once the prescribed fee has been transferred to the Department of Health's bank account by Electronic Funds Transfer (EFT). The required remittance advice information is set out in the *Making an application for an exhumation licence factsheet*. Please note a REFUND is NOT payable if an exhumation licence is not granted.

The applicant must sign and date the last page of this form AFTER the entire form has been completed.

Please complete in block letters

## Details of deceased

Title: \_\_\_\_\_ Given names: \_\_\_\_\_ Surname: \_\_\_\_\_

Sex:  Male  Female

## Part A: Applicant for exhumation licence

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/town: \_\_\_\_\_

State: \_\_\_\_\_

Post code: \_\_\_\_\_

Telephone \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Part B: Location of current interment

Name of cemetery [for exhumations outside of a public cemetery also include both the property address and the Certificate of Title folio and volume reference or Crown allotment details]:  
\_\_\_\_\_

Type of place of interment (e.g. grave, crypt):  
\_\_\_\_\_

Location of place of interment (e.g. grave number, row and section or description of the location):  
\_\_\_\_\_

Details of other interments at the place of interment:  
\_\_\_\_\_

Is there a memorial on the place of interment?  Yes  No

Details of type of coffin, container or receptacle used (if known):  
\_\_\_\_\_

Was the body embalmed and to what degree (if known):  
\_\_\_\_\_

Attach a statement from the cemetery trust, land owner or land manager stating:

- whether there are any reasons why the exhumation cannot be accommodated at this time; and
- for public cemeteries only, the name of the current holder of the right of interment as recorded in the cemetery trust records.

Statement attached:

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### Part C: Disposition of the remains after exhumation

What will happen to the remains after exhumation [*select one option only*]:

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Re-interred in a grave/vault/crypt [*select the type of site that applies*] at [*state name of cemetery*]:

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Cremated in Victoria at [*state name of crematorium*]:

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Transportation interstate

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Transportation overseas

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**Note:** If the remains are to be cremated or transported outside of Victoria, please note the separate requirement for a statutory declaration as to notification of surviving relatives of the proposed cremation or transport.

### Part D: Details of funeral director or other person engaged to assist at the exhumation

Company name  
(if applicable):

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Title:                      Given names:

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Surname:

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Address:

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Suburb/town:

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State:

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Post code:

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Telephone:

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Fax:

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Email:

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Company stamp

### Part E: Consent of holder of right of interment for the place of interment from which the remains are to be exhumed

If the remains are to be exhumed from a place of interment in a **public cemetery**, the holder of the right of interment must complete this section.

If the remains are not being exhumed from a public cemetery, proceed to **Part F**.

Title:                      Given names:    Surname:

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Address:

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Suburb/town:

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State:

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Post code:

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Telephone

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Home:

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Work:

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Mobile:

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Email:

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Do you consent to this application?  Yes  No

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Signature:

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Date:    /    /

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## Part F: Consent of holder of right of interment for the proposed place of re-interment

If the remains are to be re-interred in a **public cemetery**, the holder of the right of interment must complete this section.

If the remains are not being reinterred in a public cemetery, proceed to **Part G**.

Title:	Given names:	Surname:
<hr/>		
Address:		
<hr/>		
Suburb/town:	State:	Post code:
<hr/>		
Telephone Home:	Work:	Mobile:
<hr/>		
Do you consent to the reinterment application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature of holder of right of interment for new place of interment:		
Signature:		Date: / /
<hr/>		

## Part G: Consent of nearest surviving relative/s of the deceased

Indicate below only the **first** listed category in which there is a nearest surviving relative of the deceased:

- spouse or domestic partner of the deceased at the time of their death
- son or daughter or stepson or stepdaughter who has attained the age of 18 years
- father or mother
- brother or sister who has attained the age of 18 years
- grandfather or grandmother
- grandson or granddaughter who has attained the age of 18 years
- uncle or aunt who has attained the age of 18 years
- nephew or niece who has attained the age of 18 years

Note: If the deceased at any time was responsible for the care of a child under a permanent care order, please note this in your application.

Provide below the details and consents of **all** nearest surviving relatives of the deceased in the **indicated first category**. Attach additional pages if required.

Title:	Given names:	Surname:
<hr/>		
I consent to the exhumation of the remains of the deceased.		
Signature:		Date: / /
<hr/>		
Title:	Given names:	Surname:
<hr/>		
I consent to the exhumation of the remains of the deceased.		
Signature:		Date: / /
<hr/>		
Title:	Given names:	Surname:
<hr/>		
I consent to the exhumation of the remains of the deceased.		
Signature:		Date: / /
<hr/>		

Are there any other nearest surviving relatives of the deceased in the **indicated first category** whose details and consent have not been provided on the previous page?  Yes  No

**If yes**, give details of any nearest surviving relatives in the indicated category who have not given consent and reasons why the consent of these relatives has not been obtained. Attach additional pages if required.

Title: \_\_\_\_\_ Given names: \_\_\_\_\_ Surname: \_\_\_\_\_  
Relationship to the deceased: \_\_\_\_\_  
Reasons why the consent of this relative has not been obtained: \_\_\_\_\_  
\_\_\_\_\_

Title: \_\_\_\_\_ Given names: \_\_\_\_\_ Surname: \_\_\_\_\_  
Relationship to the deceased: \_\_\_\_\_  
Reasons why the consent of this relative has not been obtained: \_\_\_\_\_  
\_\_\_\_\_

Title: \_\_\_\_\_ Given names: \_\_\_\_\_ Surname: \_\_\_\_\_  
Relationship to the deceased: \_\_\_\_\_  
Reasons why the consent of this relative has not been obtained: \_\_\_\_\_  
\_\_\_\_\_

**Declaration by applicant**

I declare that:

- all of the deceased's surviving parents, children (who have attained the age of 18 years, including stepchildren) and siblings (who have attained the age of 18 years) have been informed of the proposed exhumation and have no objection; and
- any parent or guardian of any minor child (including stepchild) or minor sibling of the deceased has been informed of the proposed exhumation and has no objection; and
- I am not aware of any objection to the proposed exhumation from any other surviving relatives of the deceased, including but not limited to grandparents, grandchildren (who have attained the age of 18 years), uncles and aunts (who have attained the age of 18 years) and nephews and nieces (who have attained the age of 18 years).

Signature of applicant: \_\_\_\_\_ Date: / /

**If you are not able to make the above declaration because a surviving relative has not been informed or has an objection, please provide a detailed explanation of the circumstances in a separate statutory declaration.**

## Part H: Details of executor of the deceased's estate

Did the deceased leave a will?  Yes  No

If the executor is a natural person (i.e. not a company or other body corporate), is the executor alive?

Yes  No

To be completed by the executor of the deceased's estate:

Title: \_\_\_\_\_ Given names: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/town: \_\_\_\_\_ State: \_\_\_\_\_ Post code: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Does the will or any other document contain instructions as to the disposal of the remains of the deceased?

Yes  No **If yes**, provide evidence and attach copies of any relevant documentation.

Documents attached?  Yes  No

Signature of executor: \_\_\_\_\_

Date: / /

### Declaration by applicant

Under section 158A of the *Cemeteries and Crematoria Act 2003* it is an offence to make a false statement in an application for exhumation licence, punishable by a fine of up to 240 penalty units or 2 years imprisonment or both.

All information I have provided on this form is correct. I understand that it is an offence to knowingly make a false statement in an application for exhumation licence.

Signature of applicant: \_\_\_\_\_ Date: / /

### Privacy statement

The department is committed to protecting the privacy of your information.

Any personal information you provide to the department in your application will be treated in accordance with the principles set out in the *Privacy and Data Protection Act 2014*. You may request access to the information the department holds about you in relation to your application and you may request its correction if necessary.

The information you provide to the department is required to enable us to process your application and inform you of matters concerning it. The department also needs the information to perform its functions and exercise its powers under the *Cemeteries and Crematoria Act 2003*. Except for the information you are required to submit under that legislation, you are not obliged to provide any personal information. However, should you choose not to provide this information, the department may not be able to process your application.

If you have any questions about how your information is handled or would like a copy of our privacy policy, please call 1300 884 706 or email: [privacy@health.vic.gov.au](mailto:privacy@health.vic.gov.au)