*Cemeteries and Crematoria Act 2003* | Cemeteries and Crematoria Regulations 2025 | Regulation 33 | Form 11

11

Application to secretary for exhumation licence

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Notes | | | | | | | |
| 1. Before completing this form, please refer to the *Exhumation licence policy* and *Making an application for an exhumation licence* checklist. The policy and checklist set out all requirements for an application and can be downloaded from the [health.vic website](https://www.health.vic.gov.au/cemeteries-and-crematoria/exhumations) <https://www.health.vic.gov.au/cemeteries-and-crematoria/exhumations> or by contacting the [Permits and Licensing team](mailto:statutoryapprovals.cemeteries@health.vic.gov.au) <statutoryapprovals.cemeteries@health.vic.gov.au>. This form is only one part of your application. 2. Please note approval of your application is at the discretion of the Secretary of the Department of Health (the department). | | | | | | | |
| Part A – The deceased person | | | | | | | |
| Full name: | | | | | | | |
| Sex:  Male  Female  Other  Don’t know  Prefer not to say | | | | | | | |
| Date of birth:    /    / | | | | Date of death:    /    / | | | |
| Part B – Applicant’s details | | | | | | | |
| Full name of applicant: | | | | | | | |
| Street address: | | | | | | | |
| Suburb/town/city: | | | State: | | Postcode: | | |
| Telephone number(s): | | | | | | | |
| Email: | | | | | | | |
| Relationship to deceased person: | | | | | | | |
| Part C – Location of current interment | | | | | | | |
| Name of cemetery:  For exhumations outside of a public cemetery, please provide property details including the address and Certificate of Title folio and volume reference or Crown allotment details: | | | | | | | |
| Type of place of interment (specify type, e.g. grave, vault, mausoleum crypt): | | | | | | | |
| Location of place of interment (specify the location, e.g. section, row, grave number or other geographical locator): | | | | | | | |
| **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(s) of the right of interment as recorded in the cemetery trust records; and * that the cemetery trust, land owner or land manager consents to the exhumation.   Statement attached | | | | | | | |
| Part D – Consent of holder(s) of right of interment | | | | | | | |
| Complete this section **only** if the remains are to be exhumed from a place of interment in a **public cemetery**.  If the remains are not being exhumed from a public cemetery, proceed to **Consent of nearest surviving relative(s) of the deceased person.** | | | | | | | |
| Is the applicant the holder of the right of interment for the place of interment from which the remains will be exhumed?  Yes, sole holder of the right of interment *(proceed to* ***Consent of nearest surviving relative(s) of the deceased person****)*  Yes, one of the holders of the right of interment  No | | | | | | | |
| *Complete this section for each holder of the right of interment for the place of interment from which the remains will be exhumed (other than the applicant). Attach additional pages if necessary.*  Full name: | | | | | | | |
| Street address: | | | | | | | |
| Suburb/town/city: | | | State: | | Postcode: | | |
| Telephone number(s): | | | | | | | |
| Email: | | | | | | | |
| Relationship to deceased person: | | | | | | | |
| I consent to the application for an exhumation licence. | | | | | | |
| Signature of holder of right of interment: | | | | | Date:    /    / | |
|  | | | | | | | |
| *Complete this section for each holder of the right of interment for the place of interment from which the remains will be exhumed (other than the applicant). Attach additional pages if necessary.*  Full name: | | | | | | | |
| Street address: | | | | | | | |
| Suburb/town/city: | | | State: | | Postcode: | | |
| Telephone number(s): | | | | | | | |
| Email: | | | | | | | |
| Relationship to deceased person: | | | | | | | |
| I consent to the application for an exhumation licence. | | | | | | |
| Signature of holder of right of interment: | | | | | Date:    /    / | |
| Have all holders of the right of interment been informed of this application?  Yes  No | | | | | | | |
| If no, give reasons why all holders of the right of interment have not been informed: | | | | | | | |
| If yes, do all holders of the right of interment consent to this application?  Yes  No | | | | | | | |
| Part E – Consent of nearest surviving relative(s) of the deceased person | | | | | | | |
| Is the applicant the nearest surviving relative of the deceased person?  Yes (*proceed to* ***Notification of other surviving relatives***)  No  If no, indicate below only the **first** listed category in which there is a nearest surviving relative of the deceased person: | | | | | | | |
|  | | spouse or domestic partner of the deceased person at the time of death | | | | | |
|  | | child or stepchild aged 18 years or over | | | | | |
|  | | parent | | | | | |
|  | | sibling aged 18 years or over | | | | | |
|  | | grandparent | | | | | |
|  | | grandchild aged 18 years or over) | | | | | |
|  | | parent’s sibling aged 18 years or over | | | | | |
|  | | sibling’s child 18 years or over | | | | | |
| *Complete this section in respect of each nearest surviving relative of the deceased person in the indicated first listed category in which there is a nearest surviving relative of the deceased person (other than the applicant). Attach additional pages if necessary.* | | | | | | | | |
| Full name: | | | | | | | |
| I consent to the exhumation of the remains of the deceased person. | | | | | | | |
| Signature: | | | | | Date:    /    / | | |
| Full name: | | | | | | | |
| I consent to the exhumation of the remains of the deceased person. | | | | | | | |
| Signature: | | | | | Date:    /    / | | |
| Full name: | | | | | | | |
| I consent to the exhumation of the remains of the deceased person. | | | | | | | |
| Signature: | | | | | Date:    /    / | | |
| Part F – Notification of other surviving relatives | | | | | | | |
| Have all other surviving relatives of the deceased person in the following categories been informed of this application?   * spouse or domestic partner of the deceased person at the time of death * child or stepchild aged 18 years or over * parent * sibling aged 18 years or over   Yes  No | | | | | | | |
| If no, give reasons why all other surviving relatives of the deceased person have not been informed: | | | | | | | |
| If yes, has any surviving relative(s) of the deceased person objected to this application?  Yes  No | | | | | | | |
| Has the parent or guardian of any minor child (including stepchild) or minor sibling of the deceased person been informed of this application?  Yes  No | | | | | | | |
| If no, give reasons why the parent or guardian of the minor child or sibling has not been informed: | | | | | | | |
| If yes, has the parent or guardian of the minor child or sibling objected to this application?  Yes  No | | | | | | | |
| Are you aware of any objection to this application by any other surviving relative of the deceased person in any of the following categories?   * grandparent * grandchild aged 18 years * parent’s sibling ages 18 years or over * sibling's child aged 18 years or over * any other surviving relative not otherwise listed in this form   Yes  No | | | | | | | |
| Part G – Disposition of the remains after exhumation | | | | | | | |
| What will happen to the remains after exhumation? *(select* ***one*** *option only)* | | | | | | | |
|  | | Re-interred in Victoria at (state name of cemetery):  **Note**: Authorisation is required to re-inter the remains. For re-interment in a public cemetery, an *Application for interment authorisation – bodily remains* (Form 1) must be completed and submitted to the cemetery trust. For re-interment in a place other than a public cemetery, an *Application for interment approval - interment other than in a public cemetery* (Form 2) must be completed and submitted to the department. | | | | |
|  | | Cremated in Victoria at (specify crematorium):  **Note**: Authorisation is required to cremate the remains. An *Application for cremation authorisation - bodily remains* (Form 5) must be completed and submitted to the cemetery trust. | | | | |
|  | | Transportation interstate/other location within Australia | | | | |
|  | | Transportation internationally | | | | |
| Part H – Details of executor of the deceased person’s estate | | | | | | | |
| Did the deceased person leave a will?  Yes  No | | | | | | | |
| If the executor is a natural person, is the executor alive?  Yes  No | | | | | | | |
| If yes, the following section is to be completed by the executor of the deceased person’s estate: | | | | | | | |
| Full name: | | | | | | | |
| Street address: | | | | | | | |
| Suburb/town/city: | | | State: | | Postcode: | | |
| Telephone number(s): | | | | | | | |
| 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, e.g. the will.  Are any documents attached to this application?  Yes  No | | | | | | | |
| Signature of executor: | | | | | Date:    /    / | | |
| Part I – Details of the funeral director or other person to assist at the exhumation | | | | | | | |
| Company name (if any): | | | | | | | |
| Full name: | | | | | | | |
| Street address: | | | | | | | |
| Suburb/town/city: | | | State: | | Postcode: | | |
| Telephone number(s): | | | | | | | |
| Email: | | | | | | | |
| Part J – Information accompanying application | | | | | | | |
| The following document is attached to this application in accordance with section 156(3) of the *Cemeteries and Crematoria Act 2003:* | | | | | | | |
|  | | Certificate issued under section 46 of the *Births, Deaths and Marriages Registration Act 1996* | | | | | |
|  | | copy of coroner's order  (order made by a coroner under section 47 of the *Coroners Act 2008*) | | | | | |
|  | | notice of death by treating doctor – other jurisdiction  (if the deceased person died outside Victoria, a document corresponding to a notice under section 37(2) of the *Births, Deaths and Marriages Registration Act 1996* from the jurisdiction where the deceased person died) | | | | | |
|  | | notice of still-birth  (notice of still-birth under the *Births, Deaths and Marriages Registration Act 1996*) | | | | | |
|  | | notice of still-birth – other jurisdiction  (if the still-birth occurred outside Victoria, a document corresponding to a notice of still-birth under the *Births, Deaths and Marriages Registration Act 1996* from the jurisdiction where the still-birth occurred) | | | | | |
|  | | statutory declaration made by the applicant stating that, owing to special circumstances, it is not possible to produce one of the documents referred to above. | | | | | |
| Warning | | | | | | | |
| Under section 158A of the *Cemeteries and Crematoria Act 2003* it is an offence to knowingly make a false statement in an application for an 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. | | | | | | | |
| Applicant’s signature | | | | | | | |
| Signature of applicant: | | | | | Date:    /    / | | |
|  | | | | | | | |
| **Collection notice** | | | | | | | |
| 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 and 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 rights 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). | | | | | | | |