

APPLICATION FOR EXHUMATION

- ALL FEES MUST BE PAID AT TIME OF APPLICATION.

Date of Application	____/____/____		
Section 1 Applicant Details Please Print	Name:		
	Postal Address:		
	Locality / Town:	State	Postcode
	Contact Number:		
	Relationship to Deceased:		
	<p>Declaration: I declare that the information I have supplied in this application is complete, true and correct. I declare that I have the legal right to authorise the exhumation of the body or the cremated ashes. I hereby request and authorise that Banana Shire Council exhume the body of the deceased person specified in Section 2 of this application. I have obtained all necessary permissions and consents required by law and am authorised to make this application. I hereby indemnify the Banana Shire Council, its servants, and agents, from any claims, actions, suits or demands arising from any exhumations carried out under this application.</p>		
	Signature:	Date: ____/____/____	
	Signature of Witness:	Date: ____/____/____	
Cemetery & Grave / Niche Location	<input type="checkbox"/> Biloela Lawn Cemetery <input type="checkbox"/> Moura Lawn Cemetery <input type="checkbox"/> Theodore Cemetery <input type="checkbox"/> Jambin Cemetery <input type="checkbox"/> Baralaba Cemetery <input type="checkbox"/> Cracow Cemetery <input type="checkbox"/> Wowan Cemetery <input type="checkbox"/> Biloela Old Cemetery <input type="checkbox"/> Taroom Lawn Cemetery <input type="checkbox"/> Taroom Monumental Cemetery		
	Section: _____ Grave / Niche No: _____		
Section 2 Details of Deceased: Please Print	Full Name:		
	Reasons for Exhumation: _____ _____		
	Date of Death:		
Section 3 Intended Re- Interment Location of Deceased	Cemetery:		
	Grave Location: - Section:	Number:	
	Intended Date of Exhumation:		
Section 4 Funeral Director Please Print	Name:		
	Postal Address:		
	Locality / Town:	State	Postcode
	Contact Number:		
	Signature:	Date: ____/____/____	
	<p>PRIVACY COLLECTION NOTICE: THE PERSONAL INFORMATION GATHERED BY COUNCIL ON THIS FORM IS FOR THE PURPOSE MAINTAINING COUNCIL'S CEMETERY REGISTER AND WILL NOT BE USED FOR ANOTHER PURPOSE OR GIVEN TO ANY OTHER PARTY UNLESS YOU HAVE CONSENTED OR COUNCIL IS REQUIRED OR AUTHORISED BY LAW TO DO SO.</p>		
OFFICE USE ONLY	Receipt Date::	Receipt No:	
	Entered On Computer Register	Map Noted: Y / N	
BIRTHS DEATHS & MARRIAGE	Batch Date:	Batch ID#:	Record Key:

CONDITIONS OF APPLICATION

APPLICATION FOR CREMATION PURPOSES

- Written confirmation from a recognised undertaker that they are prepared to carry out the exhumation.
- Written consent to the proposed exhumation by the nearest living relative to the deceased.
- A certified copy of the Death Certificate.

APPLICATION FOR RE-INTERMENT PURPOSES

- Written confirmation from a recognised undertaker that they are prepared to carry out the exhumation.
- Written consent to the proposed exhumation by the nearest living relative to the deceased.
- A certified copy of the Death Certificate.
- Lodgement of the details of new burials place where the reinterment is to take place.

Please note:

- The provisions of all details identified above does not guarantee that an approval will be granted, and
- No approval will be granted if the remains were interred less than 12 months prior to this application.