



APPLICATION FOR EXHUMATION OF HUMAN REMAINS OR CREMATED REMAINS

Privacy Statement - Council is collecting your personal information for the purposes of processing your application. Your information will be handled in accordance with requirements under the Information Privacy Act 2009 (Qld) and will not be used for any other purpose and will not be provided to any other entity without your express permission or unless required by law.

- Please read the [MSC Cemetery Terms and Conditions](#) and [MSC Fees and Charges](#) prior to completing this form.
- Please ensure that all names are spelt correctly in this form.
- **Contact Council by phone 1300 308 461 before completing this application.**
- **Submit completed application by email: cemeteries@msc.qld.gov.au**
- Approval for the exhumation is not confirmed until you receive a written response from Council.

MSC INTERNAL USE ONLY

MSC Application No:

MSC Doc Set ID No:

Information about the APPLICANT (person requesting the exhumation)

Title:		Family Name:		Given Name:	
Phone / Mobile:			Email Address:		
Residential Address:					
Mailing Address (if different from above):					

Your Right to Make this Application

You may be required to provide proof of your identity and evidence of your authority to make this application.

<ul style="list-style-type: none"> • I am the immediate next of kin or nearest living relative of the deceased person, please specify: 	
<ul style="list-style-type: none"> • I am the executor of the Deceased person's estate acting on instructions contained in the last will and testament of the deceased. 	
<ul style="list-style-type: none"> • Other, please specify: 	

Information about the DECEASED PERSON 1

Title:		Family Name:		Given Name:	
Date of Birth:		Date of Death:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Residential Address:					
Name of Cemetery where the Deceased is currently interred:					
Section:		Side:		Row:	
				Plot:	

Information about the DECEASED PERSON 2

Title:		Family Name:		Given Name:	
Date of Birth:		Date of Death:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Residential Address:					
Name of Cemetery where the Remains are currently interred:					
Section:		Side:		Row:	
				Plot:	

MSC INTERNAL USE ONLY**MSC Application No:****MSC Doc Set ID No:****Information about the NEXT OF KIN (of the Deceased)**

- Same as Applicant (if this box is checked you do not need to complete details in this section)

Title:		Family Name:		Given Name:	
Phone / Mobile:				Email Address:	
Residential Address:					
Mailing Address (if different from above):					

Information about the EXHUMATION

Type of Exhumation: • Exhumation of Human Remains (Body) • Exhumation of Cremated Remains (Ashes)

Proposed Date of Exhumation:		Proposed Time of Exhumation:	
Name of Funeral Director who will be taking responsibility of Remains:			
Name of person entering Confined Space (if applicable):			
<ul style="list-style-type: none"> • Please attach current qualification of person entering confined space. Please tick if you have attached a copy. • Risk assessments will be required prior to entering confined space. Please tick if you have attached a copy. 			
Name of Cemetery where the Remains will be Relocated:			
Section:		Block:	
		Row:	
Proposed Date of Reinterment:		Proposed Time of Reinterment:	
<i>MSC will supply screening and shoring for the exhumation of a body and this will be scheduled according to Council staff and resource availability. Family members may not be permitted to witness the exhumation process.</i>			

Information about the FUNERAL DIRECTOR (overseeing the Exhumation and / or Reinterment)

Company Name:			
Contact Name:		Phone / Mobile:	
Email Address:			

STONEMASON CONDUCTING WORKS IN RELATION TO THIS EXHUMATION (if relevant)

Company Name:			
Contact Name:		Phone / Mobile:	
Email Address:			

Additional Information to Accompany Application

In accordance with Section 3 of Schedule 19 of Subordinate Local Law No. 1 (Administration) 2018, the Application must be accompanied with the following documentation. Please tick the documents that are attached.

- A certified copy of the death certificate or medical certificate of cause of death for the deceased
- Written consent from the nearest living relative/s

MSC INTERNAL USE ONLY	MSC Application No:	MSC Doc Set ID No:
------------------------------	----------------------------	---------------------------

APPLICANT DECLARATION & SIGNATURE

I declare that I have appropriate authority to submit this application. The information that I have supplied in this application is complete, true and correct. I make this application under Mareeba Shire Council Local Law No. 1 (Administration) 2018, Subordinate Local Law No.1 (Administration) 2018, Local Government Act 2009 and Local Government Regulation 2012 to obtain a permit to conduct the activity outlined in this form.

Name:	Signature:	Date:
-------	------------	-------

FUNERAL DIRECTOR / STONEMASON DECLARATION & SIGNATURE

I declare that the information that I have supplied in this application is complete, true and correct. I am appropriately qualified and prepared to carry out the exhumation / take responsibility of the remains. I understand that exhumations are a prescribed activity under Mareeba Shire Council Local Law No. 1 (Administration) 2018, Subordinate Local Law No.1 (Administration) 2018, Local Government Act 2009 and Local Government Regulation 2012.

Name:	Signature:	Date:
-------	------------	-------

MAREEBA SHIRE COUNCIL INTERNAL USE ONLY

Deceased Name:					
Cemetery:					
Section:					
Side:		Row:		Plot:	
Exhumation Date:			Exhumation Time:		
Receipt Number:		Amount Paid:		Date Paid:	