

**1. Applicant Exhumation Authority**

- I/we are the current Burial Right Holder/s of the grave where the deceased is interred.
- I am the legal representative or executor of the deceased person's estate.
- I am the nearest surviving relative of the deceased.
- Other, including Government Agency.

**2. Burial Right Holder details 1**

Surname			
Given names		Date of birth	
Postal address			
Suburb		State	Postcode
Business phone	A/H phone		Mobile
Relationship to Deceased			
Signature			

**Burial Right Holder details 2 (if applicable)**

Surname			
Given names		Date of birth	
Postal address			
Suburb		State	Postcode
Business phone	A/H phone		Mobile
Relationship to Deceased			
Signature			

**3. Deceased details, location and exhumation details**

Title	Given Name/s	Surname
Date of Birth	Date of Death	Age
Gender	Date of Interment	
Cemetery		
Section	Row	Site
Does the grave have a memorial		
Name/s on memorial		
Do you know of any reason why the exhumation should not take place? This may include objection by spouse, domestic partner or parent, or if the deceased was subject to an infectious disease.		

**Privacy**

Council will use any personal information provided for the intended purpose only and for remaining in contact with you. Council is authorised to collect this information in accordance with the *Local Government Act 2009* and other Local Government Acts. Your personal information is only accessed by persons authorised to do so. Council may provide information about you to any relevant Queensland State Department. Your personal information is dealt with in accordance with council's privacy policy.

[www.sunshinecoast.qld.gov.au](http://www.sunshinecoast.qld.gov.au) | [mail@sunshinecoast.qld.gov.au](mailto:mail@sunshinecoast.qld.gov.au) | T 07 5475 7272

Postal address Locked Bag 72 Sunshine Coast Mail Centre Qld 4560 | ABN 37 876 973 913

**Caloundra office** 1 Omrah Avenue Caloundra Qld 4551

**Maroochydore office** 10 First Avenue Maroochydore Qld 4558

**Nambour office** Corner Currie and Bury Streets Nambour Qld 4560

#### 4. Reasons for exhumation and disposal of remains after exhumation

Reason for exhumation		
How will the remains be disposed of	<input type="checkbox"/> Re-interred	<input type="checkbox"/> Cremated
Place of re-interment or cremation		
Are you the burial rights holder of the new place of interment for the exhumed remains?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, please provide details of the burial rights holder and complete the section below		
Surname		Given names
Postal address		
Suburb		State Postcode
Business phone	A/H phone	Mobile
Does the burial rights holder of the new interment position for the exhumed remains consent to this application?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Burial rights holder signature		Date

#### 5. Consent of spouse or domestic partner

Please complete if the deceased had a spouse or domestic partner at the time of their death		
Surname		Given names
Postal address		
Suburb		State Postcode
Business phone	A/H phone	Mobile
Has the spouse or domestic partner been informed of this application?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, give reasons why the domestic partner has not been informed of this application		
If the spouse or domestic partner has not been informed of this application, the consent of other surviving near relatives of the deceased are required in accordance with the next section of this form		
Signature of spouse / domestic partner		Date

#### 6. Consent of other surviving relatives of the deceased

To be completed if the deceased did not have a spouse or domestic partner at the time of his or her death, or if the spouse or domestic partner has not been able to be informed of this application.

The details and consent of all surviving relatives of the deceased in the category field first listed in the hierarchy below who are 18 years or older are required to make this application.

For the purpose of this application, the categories of surviving near relatives of the deceased are listed below.

Indicate only the first listed category in which there are surviving relatives of the deceased.

<input type="checkbox"/> Children
<input type="checkbox"/> Parents
<input type="checkbox"/> Siblings
<input type="checkbox"/> Grandparents
<input type="checkbox"/> Grandchildren
<input type="checkbox"/> Uncles or Aunts
<input type="checkbox"/> Nephews or Nieces

**6. Consent of other surviving relatives of the deceased (continued)**

<b>Relative 1</b>		
Surname	Given names	
I consent to the exhumation of the remains of the deceased		
Signature	Date	
<b>Relative 2</b>		
Surname	Given names	
I consent to the exhumation of the remains of the deceased		
Signature	Date	
<b>Relative 3</b>		
Surname	Given names	
I consent to the exhumation of the remains of the deceased		
Signature	Date	
<b>Relative 4</b>		
Surname	Given names	
I consent to the exhumation of the remains of the deceased		
Signature	Date	
<b>Relative 5</b>		
Surname	Given names	
I consent to the exhumation of the remains of the deceased		
Signature	Date	
<b>Relative 6</b>		
Surname	Given names	
I consent to the exhumation of the remains of the deceased		
Signature	Date	
Are there any surviving near relatives of the deceased in the indicated category who have not given consent and reasons why the consent of these relatives has not been given		
Surname	Given names	
Reasons why this relative has not consented to the proposed exhumation		
Surname	Given names	
Reasons why this relative has not consented to the proposed exhumation		

**7. Management of Burial Right and Grave after exhumation**

Please confirm your intent with regard the burial right and grave after exhumation		
<input type="checkbox"/> Retain	<input type="checkbox"/> Surrender to Council	<input type="checkbox"/> Transfer

**8. Details of Executor of the deceased's estate (if applicable)**

Did the deceased leave a will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the Executor is a natural person (not from a company or organisation) are they still living?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
To be completed by the executor of deceased's estate		
Surname	Given names	
Postal address		

Suburb	State	Postcode
Business phone	A/H phone	Mobile
Email	Fax	
Does the will or any other document contain instructions as to the disposal of the remains of the deceased?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please provide relevant documentation		
Signature of Executor		Date

### 9. Details of funeral director engaged to assist in the exhumation

Company name	Contact person	
Surname	Given names	
Company address		
Suburb	State	Postcode
Signature of applicant		Date

### 10. Declaration of applicant/s

I/We, the applicant/s, declare that the above information is correct in all respects, at the time of lodgement of this application with the Sunshine Coast Council. Should any of the details given in relation to this application be changed in the future, the applicant shall advise the Sunshine Coast Council in writing prior to any such change being implemented.

I/We, the applicant, understand that Sunshine Coast Council use all provided contact details including email, phone calls and SMS for sending annual notices, reminders and verifying data. To opt out of all SMS and email contacts I/we must contact Sunshine Coast Council and specifically nominate to be excluded from emails or SMS.

I/we declare that I am authorised to request the exhumation of the body of the Deceased person specified in section 3 of this application. I hereby request and authorise Sunshine Coast Council to exhume the body of the Deceased person specified in section 3 of this application.

I/we have obtained all necessary permissions and consents required by law and are authorised to make this application.

I/we agree and accept that Sunshine Coast Council is not responsible or liable for any dispute arising from any exhumation carried out in relation to this application. I/we hereby indemnify and hold harmless Sunshine Coast Council, its servants, and agents, from any claims, actions, suits or demands arising from any exhumation carried out in relation to this application.

Signature/s	Date
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### Submitting form

Before returning this application, please ensure that all sections are completed and signed where required.

Return form to: Sunshine Coast Cemeteries, 31-89 Ackerman Road KULANGOOR QLD 4560

Phone: 5459 2300

Email: [cemeteries@sunshinecoast.qld.gov.au](mailto:cemeteries@sunshinecoast.qld.gov.au)

### OFFICE USE ONLY

Application no.	Amount paid	Date paid	Receipt no.	Initial	Date stamp