

Application for a licence for the removal of buried human remains (including cremated remains) in England & Wales

This form should be completed legibly in block capitals. After completing Part A of this form the applicant should send it to the authority controlling the place in which the remains are buried for the completion of Part B of the form for which a charge may be payable. Enquiries about the completion of this form should be directed to the address given at the end of this form or telephone 0207 210 0066. **The Department does not charge for the issue of an exhumation licence.**

PART A

1.	Full name of applicant: _____
	Title: Miss / Mrs / Ms / Mr / Dr / other (please state): _____
2.	Full address of applicant: _____ _____ _____
	Post code: _____
	Daytime telephone number: _____
	Email address (if available): _____
3.	Person and address to whom the <u>licence</u> should be sent (if different from above): _____ _____ _____
	Post code: _____
	Daytime telephone number: _____
	Email address (if available): _____

4.	Full name of the deceased:	_____
5.	Date of death:	_____
6.	Age at death:	_____
7.	Marital Status at time of death: (please ✓ one of the following)	married _____ single _____ widowed _____ divorced _____ civil partner _____
8.	How many children did the deceased have?	_____
9.	Is the spouse of the deceased still alive? (please ✓ one of the following)	Yes _____ No _____
10.	Cause of death: (as specified on death certificate where available)	_____
<i>You do not have to answer this question if the application is for the removal of cremated remains.</i>		
11.	Are you the nearest surviving next of kin? (please ✓ one of the following)	Yes _____ No _____
	If Yes , please state your relationship to the deceased: (please ✓ one of the following)	spouse _____ parent _____ child _____ sibling _____ civil partner _____
<i>Where you are the child or sibling of the deceased, please state how many brothers and sister you have:</i>		
I have _____ brothers and _____ sisters.		
<i>This form should normally be completed by the spouse, civil partner, child or sibling of the deceased (in that order). If there are any other relatives with the same, or closer, degree of kinship as the applicant, their consent to this application must be confirmed by countersigning the application overleaf.</i>		

12. If you are not the nearest surviving next of kin of the deceased, please state who the nearest surviving next of kin is, and why you, and not that person, is making the application:

13. Please state the reason for removal:

14. Are you the nearest surviving next of kin? Yes _____ No _____
(please ✓ one of the following)

If **yes**, please give details (*see guidance notes*):

Please continue on a separate sheet if necessary

15. Who is the owner of the grave? * If it is not the applicant please give contact details (including address):

Post Code:

If the grave is owned by a person other than you, the written consent of the owner to the opening of the grave for the purpose of the removal **must** be attached to this form.
(**Owner' for the purposes of this application form means the person who has purchased or leased burial rights in relation to the plot).*

16. Are the remains cremated? Yes _____ No _____
(please ✓ one of the following)

If the remains are cremated, have they been interred in a container (e.g. an urn)? Yes _____ No _____

17. What is the name and address of the place in which it is proposed to re-inter the remains or the crematorium at which the remains are to be cremated?

Post Code: _____

Please attach a letter from the burial ground manager where it is planned to re-inter the remains allowing the re-interment to take place (unless the re-interment is in the same ground). If you wish to cremate the remains, please attach a letter from the Superintendent of the crematorium agreeing to carry out the cremation. If the remains (other than cremated remains) are to be taken abroad please telephone the number given on this form for advice.

18. Is it proposed to re-inter the remains in ground consecrated in accordance with the rites of the Church of England?
(please ✓ one of the following)

Yes _____ No _____

19. Have you have any objections to your name and address being disclosed to a third party in connection with your application?

Yes _____ No _____

APPLICANTS DECLARATION

I apply for the Secretary of State's licence for the removal of the remains of the deceased person named above from the place in which they are at present interred. I hereby declare that the information I have supplied within this application and accompanying documents is true to the best of my knowledge and belief. I attach any and all document(s) or consent(s) required under questions 11 and 14. Where any information is supplied about or from persons under the age of eighteen I have stated that person's age.

Signature of applicant: _____ Date: _____

Signature(s) of consent of other relatives (if required under questions 11 and 14)

Name: _____ Relationship to the deceased: _____

Signature: _____ Date: _____

Name: _____ Relationship to the deceased: _____

Signature: _____ Date: _____

Continue on a separate sheet if necessary

Now send this application to the manager of the cemetery, crematorium or churchyard where the deceased is presently interred to complete Part B.

PART B

[This part is for completion by the Burial Authority]

1. Name and full official address of the burial ground where the remains are interred:

Post code: _____

Email address *(for confirmation licence has been issued)*: _____

Plot number (if known): _____

2. Can the remains be removed without disturbing any other remains?
(please ✓ one of the following)

Yes _____ No _____

If the removal will necessitate the disturbance of the remains of any other person or persons a separate form must be completed in respect of each set of remains, together with relevant consents from the nearest surviving relatives (Disturbance includes any movement or contact with the remains or their container).

3. Is the ground in which the remains are presently interred consecrated according to the rites of the Church of England?
(please ✓ one of the following)

Yes _____ No _____

*This question refers only to interments in England. Please note that if the answer to questions Part A Q.18 and Part B Q.3 are **YES** then a DCA licence is not required provided the remains are to be re-interred in a different grave in ground consecrated according to the rites of the Church of England. In this case, the appropriate authority is a faculty.*

4. Is the date of death of the deceased between 1914-1921 and 1939-1947?
(please ✓ one of the following)

Yes _____ No _____

*If the answer to this question is **YES** please send this form, once completed, to the Commonwealth War Graves Commission, 2 Marlow Road, Maidenhead, Berkshire SL6 7DX Tel: 01628 634221 for completion of Part C. The Commission will then forward the application to the Department for Constitutional Affairs.*

5. Please provide the name and address of the District Council Environmental Health Office in whose area the remains are interred:

Post code: _____

PART B – DECLARATION

I hereby declare on behalf of the Authority controlling the burial ground to which the application relates that to the best of my knowledge the information given by the applicant is correct. I have no reason to doubt the authenticity of any accompanying document(s) of consent. I also declare that this authority has no objection to the grant of a licence and is not aware of an objection by any other person. (If you are unable to make this declaration please return the form to the applicant stating your reasons).

1. Name of Officer of the Authority:

Signature: _____ Date: _____

2. Full address:

Post code: _____

Daytime telephone number: _____

The completed form together with any accompanying document(s) of consent, should be sent by the burial authority direct to the Department for Constitutional Affairs, Coroners Unit, 5th Floor, Steel House, 11 Tothill Street, London SW1H 9LH, except where Part C needs to be completed by the Commonwealth War Graves Commission. Enquiries about completion of the form should be directed to the above address or telephone 020 7210 0066. Faxed applications will not be accepted. The DCA will process applications within 20 working days of receipt, unless further information is required. Please note that only original documents will be accepted, not photocopies.

PART C

**This part is for completion by the Commonwealth War Graves Commission
[where appropriate - see Part B Q.4]**

1.	Is the grave in question a war grave? (please ✓ one of the following)	Yes _____	No _____
2.	Does the Commission object to the disturbance? (please ✓ one of the following)	Yes _____	No _____
3.	Authorised signature: _____		
	For or on behalf of the Commonwealth War Graves Commission.		
	Print name: _____	Date: _____	