

**Comhairle Chontae Uíbh Fhailí**

**Offaly County Council, Áras an Chontae,  
Charleville Road, Tullamore, Co. Offaly**

**Environment and Water Services Section**

**Tel: 057 9357403 Fax: 057 9346868**

**e-mail: [environment@offalycoco.ie](mailto:environment@offalycoco.ie)**



**APPLICATION FOR EXHUMATION LICENSE**

I hereby make an application to Offaly County Council for a licence for the exhumation of the remains of the deceased person named below from a grave in which he/she was interred, and for his/her removal for purposes of re-interment, and I certify that the particulars given below are true in all respects. If the application is granted I agree to carry out any conditions contained in the licence.

1. Name of deceased, in full \_\_\_\_\_
2. Date of death \_\_\_\_\_
3. Cause of death(A death certificate must be enclosed with the application)  
\_\_\_\_\_
4. Name and location of burial ground  
in which the deceased is interred  
\_\_\_\_\_
5. Registered number or other means of  
identification of grave space in which  
the deceased is interred  
\_\_\_\_\_
6. Name and address of Authority or  
Parish/person in whom the burial ground  
is vested  
\_\_\_\_\_  
\_\_\_\_\_
7. State whether the deceased was married,  
single, or widowed  
\_\_\_\_\_
8. Relationship or connection of applicant  
with the deceased  
\_\_\_\_\_
9. State whether the applicant is the nearest  
living relative of the deceased, and, if not,  
why the application is not made by the  
nearest living relative  
\_\_\_\_\_  
\_\_\_\_\_

10. State whether any objection has been raised or is likely to be raised to the proposed exhumation, and if so, by whom and on what grounds \_\_\_\_\_
11. State whether the remains are to be re-interred in the same burial ground and if not, give the name and location of the burial ground in which it is proposed to re-inter the remains \_\_\_\_\_
12. Registered number or other means of identification of grave space in which it is proposed to re-inter the remains \_\_\_\_\_
13. Reasons for desiring the exhumation and full circumstances in which the remains came to be interred in the original grave \_\_\_\_\_

I hereby declare that all information given by me on this form is accurate to the best of my knowledge and I know of no person or group of persons who do not wish to proceed with the exhumation under the conditions as outlined in the foregoing.

**Name of Applicant (block capitals)** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DOCUMENTS TO ACCOMPANY APPLICATION**

- **Death Certificate**
- **Consent to the proposed exhumation from the Health Service Executive**
- **Consent to the proposed exhumation from senior member of the clergy for the relevant parish (if not an Offaly County Council burial ground)**
- **Consent to the proposed exhumation from the owner of the grave space in which the deceased was interred**
- **Enclose fee of €113.50 (€100 plus VAT @ 13.5%). Note: Total costs of the exhumation are a matter for the applicant. Fully completed application form and fee should be submitted to: Environment Section, Offaly County Council, Aras an Chontae, Tullamore, Co. Offaly**
- **Council, Public Health, Gardaí together with the Undertaker and grave digging staff ONLY may attend an exhumation**

**Part 2**

**CERTIFICATE OF PRINCIPAL ENVIRONMENTAL HEALTH OFFICER**

Name of Health Board \_\_\_\_\_

I hereby certify that the above exhumation and removal can be carried out without danger to public health or breach of public decency.

Signature:- \_\_\_\_\_

Principal Environmental Health Officer

Date:- \_\_\_\_\_

**Part 3**

**CONSENT OF LOCAL AUTHORITY OR OTHER AUTHORITY CONTROLLING THE BURIAL GROUND**

Name of Authority Offaly County Council

I hereby consent to the above exhumation and removal.

Signature:- \_\_\_\_\_

Grade: Director of Services

Date:- \_\_\_\_\_

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