Department for Communities
www.communities-ni.gov.uk

APPLICATION FOR CONSENT FOR THE REMOVAL OF HUMAN REMAINS (OTHER THAN CREMATED REMAINS) FROM COUNCIL OWNED BURIAL GROUNDS IN NORTHERN IRELAND

The current law relating to this matter is contained in Regulation 12 of the Burial Grounds Regulations (Northern Ireland) 1992 which states that:

"A person shall not cause or permit a body to be removed from one place of burial to another or to be exhumed unless that person first obtains the written consent of the Department"

In this case the 'Department' means the Department for Communities. The Department will require some information and documentation from the applicant (and other parties) and details of the deceased. Applicants should therefore read the notes overleaf and provide the details requested in Part A before sending the form to the relevant council for completion of Part B.

Fully completed forms should be sent to:

Local Government & Housing Regulation Division
Department for Communities
Level 4
Causeway Exchange
1-7 Bedford Street
Town Parks
BELFAST
BT2 7EG

Email: lghrd.secretariat@communities-ni.gov.uk

Notes *(please read carefully)*

Nearest surviving relative - This means spouse/civil partner and thereafter the deceased's children (or grandchildren if there are no surviving children); followed by their parents; brothers and sisters; grandparents; then aunts and uncles or the children thereof. Common law/cohabiting partners are not regarded as the nearest surviving relative for purposes of exhumation consent.

Note 1 - Where the applicant is not the nearest surviving relative of the deceased, the written consent of that relative should be attached to the application form along with their name, address and a contact telephone number.

Note 2 - An application not made by, or made without the written consent of, the nearest surviving relative can only be considered in exceptional circumstances, e.g. where the deceased left no known closer relatives or they cannot be traced.

Note 3 - This form should normally be completed by the spouse/civil partner, child/grandchild 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 the application must be confirmed by adding their signature and contact details (including telephone) at the end of the form.

Note 4 - If it is not possible to give the name(s) of the deceased or if it is suspected that unrecorded or unmarked remains lie in the area, the place from which the remains are to taken should be clearly marked on a plan not exceeding 210mm x 297mm (paper size A4) which should be attached to the application.

Note 5 – If the applicant or the nearest surviving relative of the deceased do not own the exclusive right of burial in the grave, the written consent of the owner to the opening of the grave must be obtained for the purpose of removal or exhumation. This consent should be attached to the application form.

Note 6 - Prior notice must be given to the Commonwealth War Graves Commission and their written consent obtained if they maintain the grave or vault to be opened or if maintenance is carried out on their behalf.

Note 7 - On occasion an exhumation may require the disturbance of the remains of another deceased person(s). If so the full name, date and cause of death of the other deceased person(s) must be stated in the application. A copy of the relevant death certificate(s) should also be provided.

Note 8 - In addition, the nearest surviving relative of the other deceased person(s) should be asked to sign a statement on the following lines:

> "I, [**print name here**], being the nearest surviving relative of the late [**print name of deceased**], consent to the disturbance of his/her remains for the purposes of removing the remains of [**print name of deceased who is to be exhumed**]. This consent is given on the clear understanding that the remains to be disturbed are properly re-interred and the grave is restored to good order."

To be completed by applicant **Part A**

1. Full name of applicant:

---

2. Full address of applicant:

_____ Post code _____

Contact telephone number(s) _____

3. What is your relationship to the deceased? _____

SEE NOTE 1.

4. Are you the nearest surviving relative? _____

SEE NOTE 2.

5. If you are not the nearest surviving relative, or are not providing the written consent of the nearest surviving relative of the deceased, please explain why you are making the application:

_____
_____
_____
_____

SEE NOTE 3.

6. If you are the child, grandchild or sibling of the deceased, please state how many brothers or sisters you have:

I have _____ brothers and _____ sisters.

SEE NOTE 4.

7. Full name of the deceased (or attach a plan if the deceased is unknown):

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8. Date and cause of death as stated on death certificate:

_____

9. Name, address and plot number of the burial ground where the remains are currently interred:

_____
_____

10. Are the remains buried in a private grave? _____

SEE NOTE 5.

11. Are you the owner of the grave? _____

12. If you are not the owner of the grave (i.e. do not have the exclusive rights to burial) please attach written consent and full contact details of the owner:

_____
_____

13. Please state the reason for the removal/exhumation:

_____
_____
_____

SEE NOTE 6.

14. Is the grave or vault maintained by or on behalf of the Commonwealth War Graves Commission? _____

15. Does the grave or vault contain a Commonwealth War burial? _____

16. Please attach the written consent of the Commonwealth War Graves Commission if the answer to either of the 2 questions above is yes.

SEE NOTE 7.

17. Can the remains be removed without disturbing any other remains?
_____

18. If other remains will be disturbed, please attach the written consent of the nearest surviving relative of the deceased concerned **(SEE NOTE 8)**.

19. Please state the name and address of the burial ground and plot number in which it is proposed to re-inter the remains or the crematorium at which the remains are to be cremated:

_____
_____

20. Please read, sign and date where indicated below:

I/we apply to the Department for Communities for consent to remove/exhume the remains of the deceased person(s) named above from the place in which they are currently interred. I/we attach any documents(s) of consent required:

Signed_____

Dated _____

21. If more than one signature is required, please print the additional names and contact details below:

Name and address

_____

_____

Name and address

_____

_____

Name and address

_____

_____

Thank you

NOW SEND FORM TO DISTRICT COUNCIL

To be completed by District Council. Part B

This part of the application should be read with the completed Part A and the accompanying documentation.

In line with the Burial Grounds Regulations (Northern Ireland) 1992, Schedule III Part III, please ensure the application is copied to the Council Environmental Health Officer prior to consultation with the Director of Public Health (Public Health Agency). If any known conditions are required in relation to public health, please state them in a covering letter to the Department for Communities.

The Regulations.
The Regulations provide that: "The removal or exhumation of a body or the remains of a body, shall be conducted with due care and attention to decency under the supervision of an environmental health officer appointed by the council and in accordance with such conditions as he or she may, after consultation with the Public Health Agency, impose with respect to matters affecting or likely to affect public health".

Declaration on behalf of the Council.
I declare that, to the best of my knowledge, the replies made by the applicant(s) are correct and that I have no reason to doubt the authenticity of any accompanying documents(s) of consent. I further declare that I am not aware of any objection to consent being given by the Department.

Name and position (please print)
_____

_____

Signature _____ Date _____

Name and address of District Council:
_____

_____

_____

NOW SEND APPLICATION AND ACCOMPANYING DOCUMENTATION TO:
Local Government & Housing Regulation Division
Department for Communities
Level 4
Causeway Exchange
1-7 Bedford Street
Townparks
BELFAST
BT2 7EG