

APPLICATION FOR EXHUMATION LICENCE

Local Government (Sanitary Services) Act 1948 & Local Government Acts
1925 – 2001

Fingal County Council Burial Ground Bye-Laws 2023

Part 1

I, _____ hereby make application for a licence for the exhumation of the remains of the deceased person named below from the grave in which they are interred, and for their 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 the 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
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. It _____

should be stated whether applicant is the nearest relative of the deceased, and, if not, why the application is not made by the nearest relative.

9. Were any objections raised or is objection likely to be raised to the proposed exhumation, and if so, by whom, and on what grounds?

10. State whether remains are to be re-interred in the same burial ground and if not, give name and location of the burial ground in which it is proposed to re-inter the remains.

11. Registered number or other means of identification of grave space in which it is proposed to re-inter the remains.

12. Consent in writing to the proposed exhumation should be obtained from the owner of the grave space in which the deceased was interred and should be attached to this application.

13. Reason for desiring the exhumation And the circumstances in which the remains came to be interred in the original grave should be fully explained.

Signature of applicant

Address:

Date:

Part 2

CERTIFICATE OF DIRECTOR OF COMMUNITY CARE AND MEDICAL OFFICER OF HEALTH

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:- _____
Director of Community Care and Medical Officer of Health.

Date:- _____

Part 3

CONSENT OF LOCAL AUTHORITY OR OTHER AUTHORITY CONTROLLING THE BURIAL GROUND

Name of authority Fingal County Council _____

I hereby consent to the above exhumation and removal.

Signature:- _____ Grade: _____

Date:- _____

Exhumation Licence – Guidelines

- 1) Fill in the attached Exhumation License Application and remember to enclose death certificate.
 - 2) Ensure that all details are true and as accurate as possible.
 - 3) Please give contact telephone numbers in case of queries.
 - 4) Council, Public Health, Gardai / Security Personnel together with Undertaker and grave digging staff **ONLY** may attend an exhumation.
 - 5) Enclose a cheque for the sum of €750 + 23% VAT (€922.50). This is not a set fee-depending on work required. Please make cheque payable to “Fingal County Council” and forward to Fingal County Council, Howth/Malahide Operational Area, Grove Road, Blanchardstown, Dublin 15. If you wish to pay by EFT, please contact HowMalOpArea@fingal.ie and a member of the team will provide instructions.
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