



APPLICATION FOR EXHUMATION

Form 20 Rule 47(1)

Section 43 of the **Coroners Act 2008**

DETAILS OF APPLICANT

Organisation (if applicable)	
Title (<i>Mr, Mrs, Ms, Dr, etc.</i>)	
Surname	
Given name	
Relationship to deceased (if any)	
Contact number(s)	
Email	
Postal address	

I apply to the State Coroner for an authorisation of an exhumation of the body of:

DETAILS OF DECEASED

Surname	
Given names	
*Date of Birth/*Age (if known)	/ /
Gender	
Date of death (if known)	
Place of death (if known)	

from the following place:

DETAILS OF BURIAL

Date of burial	/ /
Location of burial	<i>[include the name of the cemetery/place of interment; plot/grave; and where applicable, the position in the plot/grave]</i>

Reason(s) for application:

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(attach additional pages if insufficient space)

Signature of applicant:

Date: / /

Please lodge this form with the relevant Coroners Court

*Delete if inapplicable