

TO THE CONSISTORY COURT OF THE DIOCESE OF HEREFORD

PARISH OF: _____

CHURCHYARD/CEMETERY: _____

**PETITION FOR FACULTY FOR EXHUMATION
AND REINTERMENT OF BODY OR CREMATED REMAINS**

To the Worshipful Chancellor of the Diocese of Hereford.

I/WE (*Petitioner(s) to enter full name(s), address(es) and relationship to deceased*)

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hereby petition for the grant of a Faculty to authorise the exhumation and re-interment of the (cremated) remains of the person(s) named below. (*Delete as appropriate*)
(*Note Petitioners should normally be the deceased's next of kin or personal representative*).

1. Full names of the deceased, age, date of interment and cause of death.

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2. Present place of interment (*Give full details, including section, row, plot no. etc and whether consecrated*).

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3. Proposed place of re-interment (*Give full details, as above and whether consecrated*).

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4. What are the reasons for the application? (*Please give as much detail as possible, if necessary on a separate sheet*).

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5. Names of close members of the deceased's family and relationships. Have they given their approval? *(Please attach correspondence).*

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6. Has the Incumbent, or other person in charge of the Churchyard/Cemetery where the deceased is currently interred given his/her consent? *(Please attach written consent).*

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7. Has the Incumbent or other person in charge of the Churchyard/Cemetery where the re-interment will take place, given his/her consent? *(Please attach written correspondence).*

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8. Has a report been obtained from the undertakers that carried out the original interment that removal is possible? *(This should include details as to the type of coffin/casket used, and the likely condition of it now. Please attach correspondence).*

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9. Name and address of the undertakers who will be carrying out the exhumation and re-interment.

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10. Have any other interments taken place in the grave since the burial of the deceased? If so, state whom and whether their next of kin have been approached and their consent obtained.

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11. Has any person an exclusive right of burial in the grave? If so, state the names of such person and whether their consent has been obtained.

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12. Will any existing monument or memorial be affected? If so, how?

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13. Is there any further information which the Petitioner(s) would like the Chancellor to take into account? *(If necessary, continue on a separate sheet of paper and attach to this form).*

The statements in this Petition and the answers to the questions above are true to the knowledge and belief of each one of us.

Signature of Petitioner(s)

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Date

NOTES

1. If a Faculty for exhumation and removal of human remains is to be granted, the Petitioner must satisfy the Consistory Court that there are good and sufficient reasons for interfering with them. They are protected in consecrated ground from disturbance. The burden of proof is upon the Petitioner. If you are in any doubt, you should consult solicitors referring them to: **Re: Christchurch Alsager[1999] Fam.142**. Although any person is at liberty to apply to the Consistory Court, it is unlikely that a Faculty will be granted **solely** on the grounds that a person has moved, or is to move, away from the area in which the remains of a relative have been interred and that they desire the remains to be transported to a burial site nearer to the new place of residence. An extract from the Judgment setting out the principles applied in Consistory Courts is available from the Diocesan Registry on request.
2. The following documents must be forwarded with this Petition to the Diocesan Registry:
 1. **Certificate of Burial.**
 2. **Consent in writing of _____ Incumbent of Parish.**
 3. **Consent in writing of _____ Cemetery Authority.**
 4. **Consent in writing of the Owners of the land where the remains are to be re-interred.**
 5. **Undertaking by the Undertakers (see below).**
 6. **A Probate of Will or Letters of Administration (if relevant).**
3. Petitioners should obtain and enclose a plan of the Churchyard or Cemetery, showing the church building (if appropriate), any residential dwellings within close proximity, and the situation of the grave or area set aside for cremated remains from which the removal is to take place.
4. The Undertakers must give an undertaking to carry out the exhumation and re-interment in a reverent manner and to comply with any instructions which may be given by the Local Medical Officer of Health.
5. The Faculty, if granted, will be subject to the following conditions:
 1. That the removal be effected with due care and attention to decency, early in the morning and the grave screened from the view of the public.
 2. That freshly made ground lime be freely sprinkled over the coffin, the soil, or any other matter that may be offensive.
 3. That the remains, when removed, be contained in a well-pitched shell and entirely surrounded by 4” of newly made vegetable charcoal or sawdust.
 4. That the remains are re-interred forthwith in the new grave.
 5. That due notification of the time of the proposed exhumation be given to the Local Medical Officer of Health and any instructions given by him or his representative, either before or at the time of such exhumation, must be carefully carried out in addition to 1, 2, 3, and 4 above.

(Only conditions 1 and 4 will apply in respect of cremated remains).