

# **DIOCESE OF COVENTRY**

## **PETITION FOR FACULTY FOR THE EXHUMATION OF HUMAN REMAINS**

When completed please return this form to:

**The Diocesan Registry, Rotherham & Co. Solicitors, 8-9 The Quadrant, Coventry, CV1 2EG**

Upon application a statutory faculty fee will apply of £362.40 and a cheque payable to Rotherham & Company Limited must accompany the petition. If you wish to pay by bank transfer please call 02476 227331 or contact the Registry Clerk on [m.mcbrierty@rotherham-solicitors.co.uk](mailto:m.mcbrierty@rotherham-solicitors.co.uk) to request our bank details. Please note that in common with court fees and planning application fees in the lay jurisdiction, the petition fee is not refundable in the case of withdrawal or refusal of the petition.

**UPON COMPLETION AND RETURN OF THIS APPLICATION THE PETITION WILL BE FORWARDED TO THE CHANCELLOR OF THE DIOCESE FOR DIRECTIONS**

**PLEASE NOTE: IF A FACULTY IS GRANTED FOR EXHUMATION IT WILL NOT INCLUDE THE REMOVAL OF ANY EXISTING MEMORIAL TO THE DECEASED. IF A MEMORIAL IS TO BE REMOVED FOLLOWING EXHUMATION PLEASE INCLUDE THE DETAILS AND A PHOTOGRAPH OF THE MEMORIAL WITH THIS PETITION.**

<b>1. Full name and address of Petitioner</b>	
<b>2. Email of Petitioner</b>	
<b>3. Petitioner's relationship to the deceased</b>	
<b>4. Full name of the deceased</b>	
<b>5. Date of death</b>	
<b>6. Date of burial</b>	
<b>7. Name of churchyard or burial ground where the remains are buried</b>	

<b>8. Place/plot number where the remains are buried</b>	
<b>9. Are the remains cremated?</b>	<b>YES</b> / <b>NO</b>
<b>10. If cremated, were they buried in a casket?</b>	<b>YES</b> / <b>NO</b>
<b>11. Name of churchyard or burial ground where it is intended the reinterment to take place</b>	
<b>12. Is the churchyard or burial ground consecrated where the remains are currently buried?</b>	<b>YES</b> / <b>NO</b>
<b>13. Is it intended to re-inter the remains in the original plot?</b>	<b>YES</b> / <b>NO</b>

- Removal of remains from unconsecrated ground to consecrated or unconsecrated ground, or reinterment in the same unconsecrated grave will require a Home Office licence instead of a faculty.

#### **REASONS FOR EXHUMATION**

Please give a detailed explanation of the reasons for the request for exhumation including any wishes of the deceased in their Will (*Please continue overleaf and on a separate sheet if necessary*):

*Continued overleaf....*

**REASONS FOR EXHUMATION CONTINUED:**

**CERTIFICATE OF CONSENT FOR**  
**THE EXHUMATION OF HUMAN REMAINS**

**TO BE COMPLETED IN EVERY CASE BY:**

- a) THE INCUMBENT OF THE PARISH; OR**
- b) THE AREA DEAN IN THE CASE OF AN INTERREGNUM; OR**
- c) THE CEMETERIES MANAGER OF THE COUNCIL BURIAL GROUND\***

**WHERE THE EXHUMATION IS TO TAKE PLACE**

**I, .....**

**being the:**

**Incumbent of the Parish of ...../**

**Area Dean of ...../ or**

**Cemeteries Manager of the burial ground of .....**

**in the Diocese of Coventry HEREBY GIVE MY CONSENT to the EXHUMATION of  
the REMAINS OF**

**.....**

**from the churchyard/burial ground of .....**

**Signed ..... Dated .....**

- **Cemetery Managers to provide written consent on their letterhead also.**

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**CONSENT OF CLOSE RELATIVES TO THE DECEASED**

**THE CHANCELLOR REQUIRES THAT ALL CLOSE LIVING RELATIVES OF THE DECEASED CONSENT TO THE PROPOSED EXHUMATION AND REINTERMENT. THEREFORE THE FOLLOWING MUST BE COMPLETED WHERE APPLICABLE**

**(If a relative is deceased please state deceased instead of name)**

<b><u>SPOUSE OF THE DECEASED</u></b>	
<b>Full name</b>	
<b>Address</b>	
<b>I give my consent to the proposed exhumation</b>	
<b>Signed:</b>	<b>Dated:</b>
<b><u>PARENTS OF THE DECEASED</u></b>	
<b>Full name of mother</b>	
<b>Full name of father</b>	
<b>Address(es) of parent(s)</b>	
<b>We/I give our/my consent to the proposed exhumation</b>	
<b>Signed:</b>	<b>Signed:</b>
<b>Dated:</b>	<b>Dated:</b>

<b><u>CHILDREN OF THE DECEASED</u></b>	
<b>Full name of Child 1</b>	
<b>Address of Child 1</b>	
<b>I give my consent to the proposed exhumation</b> <b>Signed:</b> _____ <b>Dated:</b> _____	
<b>Full name of Child 2</b>	
<b>Address of Child 2</b>	
<b>I give my consent to the proposed exhumation</b> <b>Signed:</b> _____ <b>Dated:</b> _____	
<b>Full name of Child 3</b>	
<b>Address of Child 3</b>	
<b>I give my consent to the proposed exhumation</b> <b>Signed:</b> _____ <b>Dated:</b> _____	

(Please continue on a separate sheet if necessary)

<b><u>BROTHERS/SISTERS OF THE DECEASED</u></b>	
<b>Full name of Sibling 1</b>	
<b>Address of Sibling 1</b>	
<b>I give my consent to the proposed exhumation</b> <b>Signed:</b> _____ <b>Dated:</b> _____	
<b>Full name of Sibling 2</b>	
<b>Address of Sibling 2</b>	
<b>I give my consent to the proposed exhumation</b> <b>Signed:</b> _____ <b>Dated:</b> _____	
<b>Full name of Sibling 3</b>	
<b>Address of Sibling 3</b>	
<b>I give my consent to the proposed exhumation</b> <b>Signed:</b> _____ <b>Dated:</b> _____	

**(Please continue on a separate sheet if necessary)**

**TO BE SIGNED BY THE PETITIONER:**

**I CERTIFY THAT:**

1. The consent of the Incumbent/Area Dean/Cemeteries Manager has been given on page 4.
2. The written consent of the Cemeteries Manager on their letterhead is enclosed with the petition.
3. The consent of close relatives of the deceased are given on pages 5-7.
4. There are no other close living relatives to the deceased who have objected or may object to the proposed exhumation.
5. There are other close living relatives to the deceased who are not included in the list on pages 5-7 but whose names and address are as follows:
  - a)
  - b)
  - c)

**Signed: .....Petitioner(s)**

**Dated:.....**

**Contact number: .....**