



## PETITION FOR FACULTY

Application for the Removal of Human Remains (Exhumation)

**To the Consistory Court of the Diocese of Norwich:**

**In the Parish of:**

**Church of:**

We the Applicant(s):

FULL NAME	RESIDENTIAL ADDRESS (including postcode) Email address and telephone number

*Please indicate here which of the above should be regarded as the contact address (a telephone number would also be helpful).*

**Petition as follows:**

**SCHEDULE OF WORKS OR PROPOSALS**

We seek a Faculty to authorise the following:

*(Please set out clearly in numbered paragraphs what you are seeking permission to do and why)*

**Please answer all questions**

1. Name and age at time of death of the deceased person:

2. Date of death:

3. Date of interment:

4. Cause of death:

5. Relationship or connection of applicant(s) with the deceased.

State: a) Whether applicant is the nearest relative of deceased

Yes

No

b) If not, why the application is not made by the nearest relative: *(they will be required to provide written consent to the exhumation)*

6. Name and address of the burial ground in which the deceased is interred, and section and number of grave:

7. Name and address of the burial authority controlling the ground.

Has their consent to the removal been obtained? *(written evidence is required)*

Yes

No

8. Are the remains in consecrated ground?

Yes

No

9. Can the remains be removed without disturbing any other remains and without unusual difficulty?

Yes

No

10. Are there any objections raised or likely to be raised to the proposed removal? Yes  No

If so, by whom and on what grounds?

11. Name and address of burial ground in which it is proposed to re-inter the remains. Including section and number of grave if possible.

12. Is it proposed to re-inter the remains in consecrated ground? Yes  No

13. a) Nature of the coffin containing the remains.

b) The name and address of the undertaker who carried out the original burial

14. Please provide detailed reason for desiring the removal:  
*(Please continue on a separate page if required)*

Signature of Applicant 1 .....

Signature of Applicant 2 .....

Signature of Applicant 3 .....

**For use by Chancellor only**

**Faculty Granted**

**Faculty Refused**

**Reasons:**

**Conditions:**

Subject to the works or proposals being completed within \_\_\_\_\_ months of the issue of the Faculty or within such extended time as may be allowed.

Signature .....

Date .....