

Executive Director: City Health  
PO Box 2815  
CAPE TOWN  
8000



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**APPLICATION FOR EXHUMATION AND / OR RE-INTERMENT OF HUMAN REMAINS  
IN TERMS OF THE EXHUMATIONS ORDINANCE NO. 12 OF 1980**

**PARTICULARS OF APPLICANT**

Full names: ..... Title: .....

Address: .....

Tel. No.: .....

E-mail Address: .....

**PARTICULARS OF DECEASED**

Full names: ..... Sex: .....

Date of death: ..... Age at death: .....

Place where human remains are exhumed: .....

.....

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Place where human remains are to be re-interred: .....

.....

Receptacle in which human remains will be placed and manner in which it is to be removed: .....

.....

.....

Name and address of funeral undertaker responsible for rendering the service: .....

.....

Precautions which will be taken to prevent any danger to health or cause for offence: .....

.....

.....

.....  
SIGNATURE OF APPLICANT

.....  
DATE

**NB:** The documentation specified in Section 3(2) of the Exhumation Ordinance No. 12 of 1980 which is printed on Page 2 of this application form must accompany this application.

**EXHUMATIONS ORDINANCE NO. 12 OF 1980**

- 3(2) any person desirous of obtaining the written approval contemplated by subsection (1)(a) shall make written application therefore and shall -
- a) in such application -
    - i. state where the body which is to be exhumed, disturbed, removed or re - interred is interred and if and where such body is proposed to be re-interred.
    - ii. state the reasons for the proposed exhumation, disturbance, removal or re - interment, and
    - iii. specify the methods proposed to be adopted and the precautions proposed to be taken to prevent any danger to health or cause for offence arising, and
  - b) together with such application -
    - i. submit a medical certificate as to the date and cause of death or a certified copy of such a certificate ;
    - ii. submit the written approval of -
      - (aa) the municipality or divisional council in whose area of jurisdiction the body concerned is interred and is proposed to be re - interred, and
      - (bb) the cemetery authority or other person in charge of the cemeteries in which the body concerned is interred and is proposed to be re - interred.
    - iii. submit the written approval of -
      - (aa) the surviving spouse of the deceased person concerned ;
      - (bb) if there is no such surviving spouse, an adult child of the deceased person concerned;
      - (cc) if there is no such adult child, a parent of the diseased person concerned;
      - (dd) if there is no such parent, an adult brother or sister of the deceased person concerned, or
      - (ee ) if there is no such brother or sister, the nearest available adult relative of the deceased concerned, and
    - iv. where the cemetery in which the body concerned is interred or is proposed to be re -interred is owned by or under the control or management of a religious body or is a cemetery in which the controlling body of any particular religious group has a peculiar interest, submit the written approval of such religious body or controlling body.
- (3) where any medical certificate or written approval contemplated by subsection (2) is not or cannot be obtained or is not granted, the written application contemplated by that sub - section shall be accompanied by -
- a) full details of the efforts made to obtain such certificate or approval, and
  - b) full reasons why the inability to obtain such certificate or approval should not preclude the grant of written approval in terms of subsection (1)(a)
- (4) Any written approval in terms of subsection (1)(a) may be granted subject to such conditions as the Administration may deem necessary or desirable and the Administration may, before such approval is acted upon -
- (a) vary any condition so imposed, and
  - (b) impose additional conditions in respect of such approval.