

## **DIOCESE OF COVENTRY**

### **PETITION FOR FACULTY FOR THE DISINTERMENT OF HUMAN OR CREMATED REMAINS**

When completed please return to:

Mrs M Allanson, Diocesan Registrar, 8 & 9 The Quadrant, Coventry, CV1 2EG.

Upon application a statutory faculty fee will apply of £293.80 and a cheque payable to ROTHERHAM & CO must accompany the Petition.

Please note that the fee is non-refundable if a faculty is not granted.

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

1. **FULL NAME and Address of the Petitioner:**
  
  
  
  
  
  
  
  
  
  
2. **What relation is the Petitioner to the deceased?**
  
  
  
  
  
  
  
  
  
  
3. **FULL NAME of the deceased and date of death:**
  
  
  
  
  
  
  
  
  
  
4. **Date of the burial of the deceased and the place of burial including plot number:**
  
  
  
  
  
  
  
  
  
  
5. **Are the remains cremated?** YES/NO
  
6. **If cremated - are the remains buried in a casket?** YES/NO
  
7. **Name of churchyard or burial ground where it is intended the re-interment is to take place:**
  - (a) **Is the above churchyard or burial ground consecrated?** YES/NO
  - (b) **If No, has a Home Office Licence been obtained?** YES/NO
  - (c) **Is it intended to re-inter in the original burial plot?** YES/NO
  - (d) **If Yes, has a Home Office Licence been obtained** YES/NO

*If re-interment is to take place in unconsecrated ground or re-interment is to be in the original grave a Home Office Licence must be obtained in addition to a faculty.*

8. **REASONS FOR DISINTERMENT** (please give a detailed explanation of the reasons for the request for disinterment including any wishes of the deceased e.g. in his/her Will) (*Please continue overleaf and on a separate sheet if necessary*):

*Continued overleaf....*

**REASONS FOR DISINTERMENT CONTINUED**

**TO BE SIGNED BY THE PETITIONER(S)**

**I CERTIFY THAT:**

- 1. The consent of the Incumbent (or Rural Dean) has been given on page 4
- 2. The consent of close relatives are given on pages 4-5 AND
- 3. That there are no other living close relatives who have objected or may object to the proposed disinterment  
OR
- 4. There are other close relatives who are not included in the list on pages 4-5 but whose names and address are as follows:  
*(Please delete as necessary)*

Signed .....Petitioner(s)

Dated .....

Contact number: .....

*Continued overleaf.....*

**CERTIFICATE OF CONSENT FOR THE DISINTERMENT OF HUMAN/CREMATED REMAINS TO BE COMPLETED IN EVERY CASE BY THE INCUMBENT (OR RURAL DEAN IN THE CASE OF AN INTERREGNUM) OF THE PARISH WHERE THE DISINTERMENT IS TO TAKE PLACE**

I,

being the Incumbent (or Rural Dean in the case of an interregnum) of the Parish of

.....

In the Diocese of Coventry HEREBY GIVE MY CONSENT to the DISINTERMENT

of the HUMAN/CREMATED REMAINS OF .....

in (*name of*)

churchyard

Signed .....

Dated .....

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**CONSENT OF CLOSE RELATIVES**

THE CHANCELLOR REQUIRES THAT ALL CLOSE LIVING RELATIVES OF THE DECEASED CONSENT TO THE PROPOSED DISINTERMENT AND REINTERMENT. THEREFORE THE FOLLOWING MUST BE COMPLETED WHERE APPLICABLE. If a relative (e.g. parent) is deceased please state deceased instead of name

1. NAME OF SPOUSE OF THE DECEASED.....

ADDRESS .....

I give my consent to the proposed disinterment

Signed ..... Dated .....

2. PARENTS OF THE DECEASED

NAME OF MOTHER .....

NAME OF FATHER .....

ADDRESS .....

We/I give my/our consent to the proposed disinterment

Signed ..... Dated .....

Signed ..... Dated .....

*Continued overleaf .....*

**3. CHILDREN OF THE DECEASED**

**We/I give our/my consent to the proposed disinterment**

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

**ADDRESS .....**

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

**ADDRESS .....**

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

**ADDRESS .....**

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

**ADDRESS .....**

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

**4. BROTHERS/SISTERS OF THE DECEASED**

**We/I give our/my consent to the proposed disinterment**

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

**ADDRESS .....**

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

**ADDRESS .....**

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

**ADDRESS .....**

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

**FOR DIOCESAN REGISTRY USE ONLY**

**DIOCESE OF COVENTRY**

**PARISH OF**

.....

**PETITION OF**

.....

.....

**DISINTERMENT OF**

.....

**LODGED .....**

**CHANCELLOR'S DIRECTIONS:**

**FACULTY ISSUED .....**