

Iarratas ar Cheadúnas
Dí-Adhlactha



Comhairle Chontae na Gaillimhe
Galway County Council

Application for
Exhumation Licence

Tá an fhoirm seo le fáil i gcló mór chomh maith

This form is also available in large print

Tá míle fáilte an fhoirm seo a líonadh i nGaeilge

<p>Cuid 1 - Leis seo déanaimse, iarratas ar cheadúnas chun an duine éagtha atá ainmnithe thíos a dhí-adhlacadh ón uaigh a bhfuil siad adhlactha ann, agus iad a aistriú le haghaidh a athadhlacadh, agus dearbhaím go bhfuil na sonraí atá tugtha thíos ceart i ngach slí. Má dheonaítear an t-iarratas, aontaím aon coinníollacha atá san áireamh sa cheadúnas a chomhlíonadh.</p>	<p>Part 1 - I hereby make application for a licence for the exhumation of the remains of the deceased person named below from the grave in which they are interred, and for their removal for purposes of re-interment, and I certify that the particulars given below are true in all respects. If the application is granted, I agree to carry out any conditions contained in the licence.</p>
--	---

Sonraí an Duine Éagtha		Details of the Deceased
Ainm (ainm iomlán)	Name (in full)	
Dáta báis	Date of death	
Cúis bháis (Ní mór teastas báis a chur faoi iamh leis an t-iarratas)	Cause of death (A death certificate must be enclosed with the application)	
Stádas pósta an duine éagtha	Marital status of deceased	

Sonraí an reilig a bhfuil an duine éagtha curtha ann		Details of burial ground where deceased is interred
Ainm	Name	
Seoladh / ionad	Address / location	
Uimh. chláráithe nó bealach aitheantais eile don spás uaighe a bhfuil an duine éagtha curtha ann	Registered number or other means of identification of grave space in which the deceased is interred	

Údarás nó duine a bhfuil an reilig dílsithe dó/di		Authority or person in whom the burial ground is vested
Ainm	Name	
Seoladh	Address	
Gaol nó ceangal an iarratasóra leis an duine éagtha	Relationship or connection of applicant with the deceased	
Ba cheart a shonrú an é an t-iarratasóir an gaol is gaire leis an duine éagtha, agus murab é, cén fáth nach bhfuil an t-iarratas á dhéanamh ag an ngaol is gaire	Please state whether applicant is the nearest relative of the deceased, and, if not, why the application is not made by the nearest relative	

Ar cuireadh i gcoinne an dí-adhlactha atá beartaithe nó ar cosúil go gcuirfeadh ina choinne?	Was any objection raised or is objection likely to be raised to the proposed exhumation?	Tá / Yes <input type="checkbox"/>	Níl / No <input type="checkbox"/>
Má cuireadh ina choinne, cé a chuir ina choinne agus cén chúis a bhí acu leis?	If so, by whom, and on what grounds?		
Sonraigh an bhfuil na taisí le hathadhlacadh sa reilig chéanna.	State whether remains are to be re-interred in the same burial ground.	Tá / Yes <input type="checkbox"/>	Níl / No <input type="checkbox"/>
Muna bhfuil, tabhair sonraí ar an reilig a bhfuil sé beartaithe na taisí a athadhlacadh ann.	If not, give details of the burial ground in which it is proposed to re-inter the remains.		
Ainm	Name		
Seoladh	Address		
Uimhir chláráithe nó bealach aitheantais eile an spáis uaighe a bhfuil sé beartaithe na taisí a athadhlacadh ann	Registered number or other means of identification of grave space in which it is proposed to re-inter the remains.		

Ba cheart cead a fháil i scríbhinn don dí-adhlacadh beartaithe ó úinéir an spáis uaighe a raibh an duine éagtha adhlactha ann agus é a cheangal leis an t-iarratas seo.	Consent for proposed exhumation should be obtained from the owner of the grave space in which deceased was interred and should be attached to this application in writing.
--	--

Ba cheart an fáth a bhfuil an dí-adhlacadh ag teastáil agus na cúinsí bainteach le hadhlacadh na taisí sa chéad uaigh a mhíniú go hiomlán.	Reason for desiring the exhumation and the circumstances in which the remains came to be interred in the original grave should be fully explained.
---	--

Síniú an iarratasóra	Signature of applicant	
Seoladh	Address	
Dáta	Date	

Cuid 2 - Teastas an Stiúrthóra um Chúram Pobail agus Oifigeach Leighis Sláinte	Part 2 - Certificate of Director of Community Care and Medical Officer of Health
---	---

Dearbhaím gur féidir an dí-adhlacadh agus an t-aistriú thuas a dhéanamh gan dainséar do shláinte an phobail ná cuibheas poiblí a shárú.	I hereby certify that the above exhumation and removal can be carried out without danger to public health or breach of public decency.
Ainm an réigiún FSS	Name of HSE region
Síniú	Signature
Dáta	Date

Cuid 3 - Cead an údaráis áitiúil nó an údaráis eile atá i gceannas ar an reilig	Part 3 - Consent of local authority or other authority controlling the burial ground
--	---

Leis seo tugaim cead don dí-adhlacadh agus don aistriú thuas.	I hereby consent to the above exhumation and removal.
Ainm an Údaráis	Name of Authority
Síniú	Signature
Dáta	Date
Rang	Rank

Seol an fhoirm ar ais chuig: Aonad Timpeallachta Comhairle Chontae na Gaillimhe Áras an Chontae Cnoc na Radharc Gaillimh	Return to: Environment Unit Galway County Council Áras an Chontae Prospect Hill Galway	Tel. (091) 509510 Fax. (091) 769590 environment@galwaycoco.ie www.gaillimh.ie www.galway.ie
---	---	---