SEKHUKHUNE
District Municipality
Private Bag X8611 Groblersdal 0470, 3 West Street Groblersdal 0470
Tel : (013) 262 7300, Fax: (013) 262 3688
E-Mail : sekinfo@sekhukhune.co.za

COMMUNITY SERVICES DEPARTMENT
MUNICIPAL HEALTH SERVICES

APPLICATION FORM FOR EXHUMATION AND REBURIAL

A. DETAILS OF APPLICANT

1. Surname and Names …….
2. ID Number: ……
3. Postal Address: ……
4. Residential Address: ……
5. Contact Number business: …… Cell……
6. E-mail Address: ……..

B. PARTICULARS OF THE DISEASED (if is more than one person kindly provide details on separate Page)

1. Name: ……
2. ID Number: ……
3. Exhumation site: ……
4. Reburial Site: ……
5. Exhumation date……
6. Reburial date……
7. Reason/s for Exhumation:……
   ……

C. PARTICULARS OF FUNERAL UNDERTAKER

1. Name: ……
2. Contact person: ……
3. Physical address: ……
4. Contact details: ……

BANKING DETAILS:
Account holder: SEKHUKHUNE DISTRICT MUNICIPALITY.
Bank: STANDARD BANK
Account no: 271149418
Branch code: 052647
Amount payable: R1000.00 (R500.00 Exhumation + R500 Reburial)
Reference: MHS

PLEASE ATTACH THE FOLLOWING DOCUMENTS ON THE FORM

1. Proof of payment.
2. Copy of RSA identification document (for the applicant).
3. Copy of death certificate.

4. Proof of appointment of Funeral undertaker(attach CoC)
5. Affidavit/ Court Order
6. Application letter
7. Authorization by Local/Traditional Authority

DECLARARTION

I …… declare that the information populated on the application form and its attachment are correct. I understand that it is my legal responsibility and liability to ensure that the exhumation and reburial will be conducted in accordance with Regulation Relating to the Management of Human Remains No. R. 363 (Chapter 9)

Date of application: ……..

Signature of applicant: ……