AUTHORISATION FORM
(REGISTRATION / VERIFICATION / EXHUMATION)

PARTICULARS OF AUTHORISER			
Name			
NRIC/Passport No.	Tel:	(HP)	
		(Alternative Contact No.)	
Email Address:			

PARTICULARS OF GRAVE(S) CLAIMED						
No.	Deceased Name	Dateh0 of Death	Grave			Relationship with Authoriser
			Block	Plot	Sub-Plot	
1						
2						
3						
4						
5						
6						
7						
8						

I hereby authorise (**Name**) _____ (**NRIC**) _____
(**Contact No.**) _____ / Majlis Ugama Islam Singapura (MUIS) ***** to (please tick below):
- ☐ Register and verify
- ☐ Verify
- ☐ Exhume

the above-mentioned grave(s) on my behalf.

For Verification of Sub-Plot(s) and Supplementary Grave(s) Only
I hereby verify and confirm that the information provided at **Annex** is correct**.**

The particulars given above are true to the best of my knowledge. I have carried out due diligence to ensure that there is no objection from my family members and relatives in regard to this claim. I hereby agree to indemnify and hold harmless NEA, MUIS and Wareesan Management Pte Ltd against any legal suit, claims, damages, losses, expenses or costs (including those asserted by third parties) arising directly or indirectly from the exhumation of the deceased(s) identified in this form. I also conscientiously declare the statements made by me in this form are true in every particular to the best of my knowledge, belief and ability.

I acknowledge, understand and agree that should I be found to have knowingly provided false information, MUIS will investigate the matter and if warranted, initiate prosecution or take other action against me. I agree that the registration will be cancelled, and the exhumation will not proceed if I provide false information.

....
Signature / Date (Authoriser)
* Please delete where applicable

No.	Deceased Name	Date of Death	Grave			Relationship with Authoriser
			Block	Plot	Sub-Plot	
1						

Please insert the photographs of **one** sub-plot/supplementary deceased's grave per Annex in the box below. The photos must show **clearly** the name of deceased, date of death, and block and plot number.

If there is more than one sub-plot/supplementary graves to be verified, please make a duplicate copy of the Annex and provide the information required.

I verify and confirm the above Sub-plot/Supplementary Grave is correct.

…………………………………………………………………………
Signature / Date (Authoriser)

For Official Use Only	
CSO Name	
Date	