

PO Box 16  
RIVERSIDE TAS 7250  
[municipal@wtc.tas.gov.au](mailto:municipal@wtc.tas.gov.au)



## EXHUMATION APPLICATION FORM

This is an application for the exhumation of human remains. It is to be completed by a funeral director only but must be signed by burial/ashes rights holder. Please see Councils current fees and charges for exhumation fees.

### CEMETERY DETAILS

Beaconsfield Cemetery     Frankford Cemetery     Winkleigh Cemetery

Section: \_\_\_\_\_ Row: \_\_\_\_\_ Plot: \_\_\_\_\_

### DETAILS OF DECEASED

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Date of Death: \_\_\_/\_\_\_/\_\_\_ Age at Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Any known risk factors or infectious diseases: \_\_\_\_\_

### FUNERAL DIRECTOR DETAILS

Funeral Director: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### BURIAL RIGHTS HOLDER DETAILS

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

## EXHUMATION DETAILS

Proposed Date of Exhumation: \_\_\_/\_\_\_/\_\_\_ Proposed time of Exhumation: \_\_\_\_\_

**Body to be transferred for:**  Burial  Cremation Other: \_\_\_\_\_

Cemetery Name: \_\_\_\_\_

Section: \_\_\_\_\_ Row: \_\_\_\_\_ Plot: \_\_\_\_\_

Crematorium Name: \_\_\_\_\_

Is the deceased to be interred with another person?  Yes  No

If Yes provide details: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to deceased: \_\_\_\_\_

Burial Rights Holder of Plot: \_\_\_\_\_

Funeral Director: \_\_\_\_\_

Reason for Exhumation: \_\_\_\_\_

## APPLICANT DECLARATION

- I declare that the information I have supplied in this application is complete, true and correct.
- I declare that I have a legal right to authorise the exhumation of the body.
- I hereby request and authorise that West Tamar Council exhume the body of the deceased person specified in this application.
- I agree and accept that West Tamar Council will not be held responsible or liable for any dispute arising from any exhumation carried out under this application.
- I hereby indemnify and hold harmless West Tamar Council, its servants, and agents, from any claims, actions, suits or demands arising from any exhumation carried out under this application.

Funeral Director: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Burial Rights Holder: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



**Personal Information Protection Statement**

1. Personal information is managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates, on request to the West Tamar Council.
2. Information can be used for other purposes permitted by the *Local Government Act 1993* and regulations made by or under that Act, and, if necessary, may be disclosed to other public sector bodies, agents or contractors of the West Tamar Council, in accordance with the Council's Personal Information Protection Policy.

Information on this form is required to ensure compliance with the following:

*Burial and Cremation Act 2019*  
*Burial and Cremation Regulations 2025*

**OFFICE USE ONLY**

Approval from Department of Health obtained

Exhumation arranged and grave excavation confirmed

Burials Register Updated

Cemetery Module Updated

Cemetery Mapping Updated

Invoice sent to Funeral Director    Amount \$ \_\_\_\_\_    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cemetery Manager Signature: \_\_\_\_\_    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

EHO Signature: \_\_\_\_\_    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_