

# APPLICATION FOR RESERVATION 25/26

I \_\_\_\_\_ (full name of applicant)

Of \_\_\_\_\_ (address)

Am applying for an interment for the remains of the deceased person whose details appear below.

Contact Number(s): M: \_\_\_\_\_ H: \_\_\_\_\_

Email Address: \_\_\_\_\_

## DETAILS OF DECEASED

Surname \_\_\_\_\_

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Funeral Home \_\_\_\_\_

## DETAILS OF INTERMENT

Interment Type  Single Depth Interment  Double Depth Interment

Re-Opening of Existing Grave

Placement of Ashes into Existing Grave

Niche Wall Interment

Vase to be Included?  Yes  No

Cemetery \_\_\_\_\_

Section \_\_\_\_\_ Site Number \_\_\_\_\_

Width \_\_\_\_\_ Depth \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**DATE**

## RETURN COMPLETED FORMS TO:

Customer Service  
P: (03) 6471 4700  
E: [wcc@westcoast.tas.gov.au](mailto:wcc@westcoast.tas.gov.au)  
PO BOX 63, Queenstown TAS 7467  
11 Sticht Street, Queenstown TAS 7467



**RESERVATION FEES 25/26**

Reservation (Burial)	\$385.00
Reservation (Niche Wall)	\$145.00

**OFFICE USE ONLY**

Date Request Received	____/____/____	Reservation Fees	\$ _____
Database Updated	____/____/____	Map Updated	____/____/____
Request Sent to Operations	____/____/____		

Disclaimer  
 By completing and lodging this form, electronically or by hard copy, you agree to the terms set out in West Coast Council’s Privacy Policy which is available on our website.