

## Death Registration

When a death occurs there is a legal obligation to register the death with The Registrar of Births, Deaths and Marriages.

We will take care of all the statutory forms for you, including the Death Registration Form, Application for a Death Certificate and Application for burial or cremation. What we need from you are the following details of your deceased loved one;

### Deceased person's details

Title:  Mr  Mrs  Ms  Miss  Dr  Other .....

Surname ..... Given names .....

Gender  M  F  Non-gender specific Date of birth / / Date of death / /

Residential address .....

Suburb / Town ..... State ..... Post code .....

Aboriginal origin  Yes  No Torres Strait Islander  Yes  No

Place of passing .....

Place of birth – Suburb / Town .....

State / County ..... Country .....

Date moved to Australia / / – or, if unknown; approx. years spent here in Australia .....

Profession or occupation .....

### Deceased person's parents

Father's name .....

Father's main occupation .....

Mother's full maiden name .....

Mother's main occupation .....

### Marital status

Single  Married  Divorced  Widow/er  De Facto

**If De Facto**, Partner's Given Names ..... Partner's Surname .....

### Details of marriage(s) if applicable

1. Place of marriage ..... Date / /  
 Spouse: Given names .....  Living  Dec.  
 Surname at marriage .....

2. Place of marriage ..... Date / /  
 Spouse: Given names .....  Living  Dec.  
 Surname at marriage .....

3. Place of marriage ..... Date / /  
 Spouse: Given names .....  Living  Dec.  
 Surname at marriage .....

**Children of deceased**

Given Names	Surname	D.O.B	M	F	N/G	Living	Dec.
1. ....	.....	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ....	.....	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ....	.....	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ....	.....	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ....	.....	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ....	.....	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ....	.....	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Person(s) supplying information (executor or NOK)

Name .....  
 Address .....  
 Phone (H) ..... (Mob.) .....  
 Email .....  
 Relationship to deceased .....

This person is the Executor?  Yes  No If 'No' – Please provide Executor's details below:

Executor name .....  
 Address .....  
 Phone (H) ..... (Mob.) .....  
 Email .....

If the deceased person wished to be buried, did they own a grave site?  Yes  No

Name of cemetery .....  
 Type of grave .....  
 Location if known .....  
 Deed-holder .....  
 Deed-holder address .....

*If the deceased person held the deed to a grave site, please note that the deed will be passed down to next of kin who can authorize proceedings for burial of the deceased.*

*To the best of my knowledge, the information provided above is correct:*

Name ..... Date .....