



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

Name at birth (if different)

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

Main occupation (during working life)

Relationship status

[] Never validly married [] Married [] Divorced [] Widow/er [] De Facto [] Separated [] Surviving partner

Details of most recent Marriage / Domestic Relationship (D/Rel) if applicable

Full name of spouse before marriage [] Alive [] Deceased

Full name of spouse after marriage Gender [] M [] F [] N/G

[] D/Rel [] Marriage; Place of registration Date / /

Previous Marriages / Domestic Relationships (D/Rel) if applicable

Full name of spouse before marriage [] Alive [] Deceased

Full name of spouse after marriage Gender [] M [] F [] N/G

[] D/Rel [] Marriage; Place of registration Date / /

Full name of spouse before marriage [] Alive [] Deceased

Full name of spouse after marriage Gender [] M [] F [] N/G

[] D/Rel [] Marriage; Place of registration Date / /

Children of deceased

Given Names	Surname	D.O.B	M	F	N/G	Alive	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"/>

Deceased person's parents

Father's name

Main occupation during working life

Mother's full married name

Mother's surname at birth Main occupation

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