



Information for Registration with the Department of Births, Deaths and Marriages

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 your family, including the BDM Form, Application for a Death Certificate and Application for burial or cremation. What we need from you are the following details to help us lodge these documents. Documenting these details now will help to save your family or executor having to locate the information later on.

Your details

This form was completed on/...../.....

Title: [] Mr [] Mrs [] Ms [] Miss [] Dr [] Other

Surname Given names

Name at birth (if different)

Gender [] M [] F [] Non-gender specific Date of birth / /

Residential address

Suburb / Town State Post code

Aboriginal origin [] Yes [] No Torres Strait Islander [] Yes [] No

Place of birth – Suburb / Town

State / County Country

Date moved to Australia / / – or, if unknown; approx. age when moved to Australia

Your 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 / /

Your children's name, date of birth, gender and status at time of filling out this form

	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"/>

Your parents' names and main occupations during their active working years

Father's name

Main occupation during working life

Mother's full married name

Mother's surname at birth Main occupation

Person(s) supplying information on this form (yourself or Next of Kin)

Name

Address

Phone (H) (Mob.)

Email

Relationship to you

Have you named an Executor? Yes No If 'Yes' – Please provide Executor's details below:

Executor name

Address

Phone (H) (Mob.)

Email

If you wished to be buried; do you, or your family, own a grave site? Yes No

Name of cemetery

Type of grave

Location if known

Are you the deed-holder Yes No If 'No', name of deed-holder?

Deed-holder address

If you hold the deed to a grave site, please note that, upon your death, 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