

DEATH REGISTRATION APPLICATION

DETAILS OF THE DECEASED AT TIME OF DEATH

First Names _____

Surname _____

Male / Female

Date of Birth _____

Date of Death _____

Age _____

Place of Death _____

Residential Address _____

Suburb _____

Post Code _____

Usual Occupation during working life _____

Retired?

Yes

No

Place of Birth _____

(Give more detail if known ie Country of Birth if applicable)

If born overseas, in what year did the deceased arrive in Australia? _____

Aboriginal/Torres Strait Islander?

No

Yes (Aboriginal)

Yes (Islander)

Yes (Both)

MARRIAGE OR REGISTERED RELATIONSHIPS

Marital status at time of death

Married

Never Married

Divorced

Widowed

Registered

Defacto

Unknown

** Please list ALL marriages or registered relationships starting with the earliest

Place of Event	DECEASED'S AGE at time of Marriage	First name/s of Spouse	Surname (maiden) of Spouse
	years		
	years		
	years		
	years		

PARENTS OF THE DECEASED

Father's First Names _____

Father's Surname _____

Father's occupation during working life _____

Mother's First Names _____

Mother's MAIDEN Surname _____

Mother's occupation during working life _____

CHILDREN OF THE DECEASED

First and middle names of children	Date of Birth	Age

DECLARATION

I certify that the information on this form is correct for the purpose of being inserted in the Register of Deaths

Full Name _____

Relationship to Deceased _____

Current Residential address _____

Suburb _____

Post Code _____

Telephone Number _____

Date _____ Licence Copy

Signature _____ Yes / No

Office Use Only

Date Cremated _____ Coroners Yes / No

Instructions for Death Certificate _____
