

Death Registration Statement

Births Deaths and Marriages Registration Act 1995

General information

- Registering a death is compulsory.
- Death information is usually provided by a relative, however it may be provided by a person who is aware of the circumstances. In either case, the certification by informant (Part F) must be signed by the person providing the information.
- The funeral director will assist in the completion of this form, which they will hold pending completion of the certificate of burial or delivery to the crematorium.
- If you are seeking to have the deceased buried on private property approval from the Local Government Authority must be obtained. If you are seeking to have the deceased transferred overseas for burial approval from the Department of Health must be obtained.

Warning

The Act provides a penalty for failure to provide information or for the provision of false information.

How to complete this form

- Please use BLOCK LETTERS and print clearly.
- All items on the information form must be completed to the best of the informant's knowledge.
- If any details are unknown, write 'UNKNOWN'.
- Information on this form may be used for statistical, electoral, medical research and community planning purposes.

If you need help completing this form please call **1800 940 592**

Part A – Details of deceased

Family name

Family name at birth

First given name

Other given name(s)

Sex

Female

Male

Other

Date of death (dd/mm/yyyy)

dd / mm / yyyy

Date of birth (dd/mm/yyyy)

dd / mm / yyyy

Age at date of death

Enter the age at date of death in years at last birthday. If the deceased is less than one year old, please provide age in months; if less than one month old, days; if less than one day old in hours, minutes or seconds as applicable.

Did death occur in a NSW hospital or nursing home?

Yes

No

Place of death

(Name of hospital or nursing home and locality; otherwise full address).

Name of hospital/nursing home

Suburb/Town/City

Address Line 1

Address Line 2

Suburb/Town/City

State/Territory

Postcode

Country

Usual residence of the deceased (in full)

Where the deceased is a newborn please enter the residential address of the mother.

Address Line 1

Address Line 2

Suburb/Town/City

State/Territory

Postcode

Country

Place of birth

Country

Suburb/Town/City

State/Territory

Usual occupation during working life (if applicable)

(For example, Music Teacher, Machine Operator. Please give full title).

Was the deceased retired at date of death?

Yes No

Was the deceased a pensioner at date of death?

Yes No

If "yes", state what type of pension (e.g. Invalid, Aged, Veterans')

Was the deceased of Aboriginal or Torres Strait Islander origin?

- Aboriginal origin Torres Strait Islander origin Both Aboriginal and Torres Strait Islander origin Neither

Part B – Marriage Details *(if applicable)*

■ Enter in order of most recent to oldest.

Marital status of the deceased at time of death

- Married Never married Divorced Widow/widower

Unknown

De facto

(if De Facto, please also tick one of the other categories above)

Marriage one

Place of marriage

Country

Suburb/Town/City

State/Territory

Age of deceased at date of marriage

Family name of spouse (give family name at date of marriage)

Family name at birth of spouse

First given name of spouse

Other given name(s) of spouse

Sex of spouse

- Female Male Other
-

Marriage two

Place of marriage

Country

Suburb/Town/City

State/Territory

Age of deceased at date of marriage

Family name of spouse (give family name at date of marriage)

Family name at birth of spouse

First given name of spouse

Other given name(s) of spouse

Sex of spouse

Female

Male

Other

Marriage three

Place of marriage

Country

Suburb/Town/City

State/Territory

Age of deceased at date of marriage

Family name of spouse (give family name at date of marriage)

Family name at birth of spouse

First given name of spouse

Other given name(s) of spouse

Sex of spouse

Female

Male

Other

If more than three (3) marriages, please attach a separate list.

Part C – Children of deceased *(if applicable)*

- Enter in order of birth.
- Include legally adopted children.

Did the deceased have any children?

Yes

No

If yes, please specify how many children

If more than four (4) children, please attach a separate list.

First child

Family name

Family name at birth

First given name

Other given name/s

Date of birth (dd/mm/yyyy)

dd / mm / yyyy

Is child alive?

Alive

Deceased

Stillborn

Unknown

Sex of child

Female

Male

Other

Second child

Family name

First Given Name

Other given name

Date of Birth:

Is child alive?

Alive

Deceased

Stillborn

Unknown

Sex of child

Female

Male

Other

Third child

Family name

First given name

Other given name

Date of Birth

Is child alive?

Alive

Deceased

Stillborn

Unknown

Sex of child

Female

Male

Other

Fourth child

Family name

First Given Name

Other given name

Date of Birth

Is child alive?

Alive

Deceased

Stillborn

Unknown

Sex of child

Female

Male

Other

Part D – Parent One (mother) of deceased

Relationship to deceased

Parent

Mother

Family name

Family name at birth

First given name

Other given name(s)

Sex of Parent One

Female

Male

Other

Usual occupation during working life (if applicable)

(For example, Music Teacher, Machine Operator. Please give full title).

Part E – Parent Two (father/parent/mother) of deceased

Relationship to deceased

Father

Parent

Mother

Family name

Family name at birth

First given name

Other given name(s)

Sex of Parent Two

Female

Male

Other

Usual occupation during working life (if applicable)

(For example, Music Teacher, Machine Operator. Please give full title).

Part F – Certification by informant

I certify that the information shown on this form is correct for the purpose of insertion in the Register of Deaths.

Informant's details

Relationship to deceased

Family name

First given name

Other given name(s)

Signature of informant

Date (dd/mm/yyyy)

dd / mm / yyyy

Residential address of informant

Address Line 1

Address Line 2

Suburb/Town/City

State/Territory

Postcode

Country

Postal address of informant *(if different from above)*

Address Line 1

Address Line 2

Suburb/Town/City

State/Territory

Postcode

Country

Contact phone number

Email address

Sydney Memorial Cremations

890 Canterbury Rd, Roselands NSW 2196

Phone: 1800 940 592 | Email: info@sydney Memorials.com