

# Death Registration

## Statement

Births Deaths and Marriages Registration Act 1995

### 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 applicant

Family name

Family name at birth

First given name

Other given name(s)

Sex

Female

Male

Other

Date of birth (dd/mm/yyyy)

dd / mm / yyyy

**Usual residence of the applicant** (in full)

*Where the applicant 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).

Is the applicant retired?

Yes  No

Is the applicant a pensioner?

Yes  No

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

Is the applicant 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 applicant 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 applicant 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 applicant 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 applicant 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 applicant (if applicable)

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

Does the applicant 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

Applicant

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

Applicant

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

Applicant

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

Applicant

Stillborn

Unknown

Sex of child

Female

Male

Other

#### Part D – Parent One (mother) of applicant

Relationship to applicant

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 applicant

Relationship to applicant

Father

Parent

Mother

Family name

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Family name at birth

---

First given name

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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).*

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### 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. Please include an informant we would contact when the time comes.

#### Informant's details

Relationship to applicant

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Family name

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First given name

---

Other given name(s)

---

#### Residential address of informant

Address Line 1

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Address Line 2

---

Suburb/Town/City

---

State/Territory

---

Postcode

Country

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**Postal address of informant** *(if different from above – This is where the death certificate would be sent to once finalized)*

Address Line 1

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Address Line 2

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Suburb/Town/City

---

State/Territory

---

Postcode

---

Country

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**Contact phone number**

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**Email address**

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**Sydney Memorial Cremations**

890 Canterbury Rd, Roselands NSW 2196

Phone: 1800 940 592 | Email: [info@sydney Memorials.com](mailto:info@sydney Memorials.com)