



REGISTRATION *of* DEATH FORM

Surname: *(family name)*

Given Name(s):

Date of Birth:

Date of Death:

Place of Birth:

Usual Residence: *(suburb, state, postcode)*

Usual Profession or Occupation during Working Life:

Pension Type:

Centrelink

Veterans Affairs

Pension Number: *(if applicable)*

Aboriginal/Torres Strait Islander:

Yes

No

Sex:

M

F

Age of Deceased:

Period of Residence in Australia:

Marital Status:

Married

Widowed

Divorced

Never Married

Unknown

MARRIAGE 1

Surname of Spouse:

Given Name(s) of Spouse:

Place of Marriage: *(suburb, state)*

Year of Marriage:

MARRIAGE 2

Surname of Spouse:

Given Name(s) of Spouse:

Place of Marriage: *(suburb, state)*

Year of Marriage:

MARRIAGE 3

Surname of Spouse:

Given Name(s) of Spouse:

Place of Marriage: *(suburb, state)*

Year of Marriage:



DOMESTIC RELATIONSHIP

Surname of Partner:

Given Name(s) of Partner: Partners Sex: M F

Is the relationship registered?: Yes No

If yes, Place of registration: *(suburb, state, country)*

Year of Registration:

If no, List the previous relationship of the deceased Marriage *(details overleaf)* Defacto Unknown

Surname of Partner:

Given Name(s) of Partner: Partners Sex: M F

Enter Given Names of Children: *(provide details of each child in order of birth, from eldest to youngest. Include any legally adopted children. If a child is deceased, enter "D" in the age field. If not born alive, enter "SB" in the age field.)*

1. Child's Given Name(s): Age:

2. Child's Given Name(s): Age:

3. Child's Given Name(s): Age:

4. Child's Given Name(s): Age:

5. Child's Given Name(s): Age:

6. Child's Given Name(s): Age:

7. Child's Given Name(s): Age:

8. Child's Given Name(s): Age:

9. Child's Given Name(s): Age:

10. Child's Given Name(s): Age:

Father/Parent's Full Name:

Father/Parent's Surname at birth: Occupation:

Mother/Parent's Full Name:

Mother/Parent's Surname at birth: Occupation: