



Death Registration Form

Births, Deaths and Marriages Registration Act 1995

Office Use Only Death Registration No.

Office Use Only Birth Registration No. (if deceased less than 2 yrs)

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 or transferred overseas for burial, the approval of 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 1300 655 236.

Postal Address

NSW Registry of Births Deaths & Marriages
GPO Box 30
Sydney NSW 2001

Ordering a Death Certificate

- Death Certificates can be ordered from the Registry (relevant fees apply).
- To obtain an application form, or for additional information, call 1300 655 236 or visit www.bdm.nsw.gov.au
- Certificates are only issued to those legally entitled.

Part A – Details of Deceased

1 Given name/s

2 Family name (surname)

3 Sex

Male

Female

4 Date of death
(dd/mm/yyyy)

 / /

5 Date of birth
(dd/mm/yyyy)

 / /

6 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, in days; if less than one day old in hours or seconds as applicable.

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

8 Usual residence of the deceased (in full)

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

Postcode

9 Usual occupation **during working life** (if applicable)

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

10 Main tasks usually performed in that occupation

(For example, teaching secondary school students, operating printing press).

11 Was the deceased retired at date of death?

Yes

No

12 Was the deceased a pensioner at date of death?

Yes

No

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

13 Place of birth

 Town/City

 State/Country



- 14 If born overseas, what year did the deceased first arrive in Australia?
- 15 Was the deceased of Aboriginal or Torres Strait Islander origin? (For persons of mixed origin, tick both "Yes" boxes).
- No Yes, Aboriginal origin
- Yes, Torres Strait Islander origin

Part B – Marriage Details (if applicable)

- 16 Marital status of the deceased at time of death
- Never married Divorced
- Separated but not divorced Married
- Widow/Widower Unknown
- De facto (if De Facto, please also tick one of the categories above)

- 17 First marriage
- Place of marriage
- | | | |
|--|-----------|---------------|
| | Town/City | State/Country |
|--|-----------|---------------|
- Age at date of marriage years
- Name of spouse (give full name at date of marriage)
- | |
|--------------|
| Given name/s |
| Family name |

- 18 Second marriage
- Place of marriage
- | | | |
|--|-----------|---------------|
| | Town/City | State/Country |
|--|-----------|---------------|
- Age at date of marriage years
- Name of spouse (give full name at date of marriage)
- | |
|--------------|
| Given name/s |
| Family name |

- 19 Third marriage
- Place of marriage
- | | | |
|--|-----------|---------------|
| | Town/City | State/Country |
|--|-----------|---------------|
- Age at date of marriage years
- Name of spouse (give full name at date of marriage)
- | |
|--------------|
| Given name/s |
| Family name |

If more than three (3) marriages, complete details on page 4, Part B.

Part C – Children of Deceased (if applicable)

- Enter in order of birth.
- Include legally adopted children.
- If deceased enter "D" in age column.
- If not born alive enter "SB" in age column.
- If no Children of Deceased write 'None' in first column.

20 First names only	Age	Date of birth (dd/mm/yyyy)	Sex

If more than eight (8) children complete details on page 4, Part C.

Part D – Father of Deceased

- 21 Given name/s
- 22 Family name (surname)
- 23 If the deceased was less than 15 years of age, please provide the father's usual occupation during working life. (For example, Music Teacher, Machine Operator. Please give full title).
-
- 24 Main tasks usually performed in the father's occupation (For example, teaching secondary school students, operating a printing press).
-

Part E – Mother of Deceased

- 25 Given name/s
- 26 Family name (surname)
- 27 If the deceased was less than 15 years of age, please provide the mother's usual occupation during working life. (For example, Music Teacher, Machine Operator. Please give full title).
-
- 28 Main tasks usually performed in the mother's occupation (For example, teaching secondary school students, operating a printing press).
-



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.

Name of informant

[Text box for Name of informant]

Signature of informant

[Text box for Signature of informant]

Date (dd/mm/yyyy)

[Text box for Date (dd/mm/yyyy)]

Relationship to deceased

[Text box for Relationship to deceased]

Residential address (in full)

[Text box for Residential address (in full)]

Postcode

Daytime phone number

[Text box for Daytime phone number]

Name of witness

[Text box for Name of witness]

Signature of witness*

[Text box for Signature of witness*]

Date (dd/mm/yyyy)

[Text box for Date (dd/mm/yyyy)]

Daytime phone number of witness

[Text box for Daytime phone number of witness]

*witness must be 18 years or over.

Part G – Cause of Death (to be completed by Funeral Director)

How was cause of death certified?

- Medical Certificate of Cause of Death issued
- or
- Coroner's Order
- Without Cause of Death With Cause of Death

Part H – Certificate of Burial or Delivery to Crematorium (to be completed by Funeral Director)

(dd/mm/yyyy)

I certify that the body of

[Text box for Name of deceased]

was on

[Text box for Date (dd/mm/yyyy)]

buried by me at cemetery

[Text box for buried by me at cemetery]

at Town/City

[Text box for at Town/City]

State if not NSW

or delivered by me to the Crematorium at

Name/Location

[Text box for Name/Location]

Funeral ordered by

[Text box for Funeral ordered by]

Address

[Text box for Address]

Signature of Funeral Director

[Text box for Signature of Funeral Director]

Date

[Text box for Date (dd/mm/yyyy)]

Name of Firm

[Text box for Name of Firm]

Address of Firm

[Text box for Address of Firm]

Postcode

[Text box for Postcode]

Daytime Phone number

[Text box for Daytime Phone number]

Part I – Certificate of Cremation (to be completed by crematoria staff)

(dd/mm/yyyy)

I certify that the body of

[Text box for Name of deceased]

was on

[Text box for Date (dd/mm/yyyy)]

cremated at

Name/Location

[Text box for Name/Location]

Town/City

[Text box for Town/City]

State if not NSW

Signature of Superintendent or Officer in Charge

Date (dd/mm/yyyy)

[Text box for Date (dd/mm/yyyy)]

[Text box for Signature of Superintendent or Officer in Charge]

