

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 **13 77 88**

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 13 77 88 or visit www.bdm.nsw.gov.au
- Certificates are only issued to those legally entitled.

Office Use Only Death Registration No.

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

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)

/ /

Date of birth (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

Location

(if not a street address)

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

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Place of birth

Country

Suburb/Town/City

State/Territory

If born overseas, what date did the deceased first arrive in Australia?
(If date unknown please state the year of arrival) / /

Usual occupation during working life *(if applicable)*
(For example, Music Teacher, Machine Operator. Please give full title).

Main tasks usually performed in that occupation
(For example, teaching secondary school students, operating printing press)

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.
- Previous De facto relationships may be included.

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 Years

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

Spouse's mother's family name at her own birth

Sex of spouse Female Male Other

Date of birth of spouse *(dd/mm/yyyy)* / /

Place of birth of spouse

Country

Suburb/Town/City

State/Territory

Marriage two

Place of marriage

Country

Suburb/Town/City

State/Territory

Age of deceased at date of marriage Years

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

Spouse's mother's family name at her own birth

Sex of spouse Female Male Other

Date of birth of spouse *(dd/mm/yyyy)* / /

Place of birth of spouse

Country

Suburb/Town/City

State/Territory

Marriage three

Place of marriage

Country

Suburb/Town/City

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State/Territory

Age of deceased at date of marriage Years

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

Spouse's mother's family name at her own birth

Sex of spouse Female Male Other

Date of birth of spouse *(dd/mm/yyyy)* / /

Place of birth of spouse

Country

Suburb/Town/City

State/Territory

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

Second child

Family name Family name at birth

First given name Other given name/s

Mother's family name at her own birth Date of birth / / Age

Is child alive? Alive Deceased Stillborn Unknown

Sex of child Female Male Other

Place of birth

Country

Suburb/Town/City

State/Territory

Third child

Family name Family name at birth

First given name Other given name/s

Mother's family name at her own birth Date of birth / / Age

Is child alive? Alive Deceased Stillborn Unknown

Sex of child Female Male Other

Place of birth

Country

Suburb/Town/City

State/Territory

Fourth child

Family name Family name at birth

First given name Other given name/s

Mother's family name at her own birth Date of birth / / Age

Is child alive? Alive Deceased Stillborn Unknown

Sex of child Female Male Other

Place of birth

Country

Suburb/Town/City

State/Territory

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

Mother's family name at her own birth Date of birth / / Age

Is child alive? Alive Deceased Stillborn Unknown

Sex of child Female Male Other

Place of birth

Country

Suburb/Town/City

State/Territory

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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)

Parent One's mother's family name at her own birth

Sex of Parent One Female Male Other

Usual occupation during working life

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

Main tasks usually performed in that occupation

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

Date of birth (dd/mm/yyyy)

/ /

Place of birth

Country

Suburb/Town/City

State/Territory

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)

Parent Two's mother's family name at her own birth

Sex of Parent Two Female Male Other

Usual occupation during working life

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

Main tasks usually performed in that occupation

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

Date of birth (dd/mm/yyyy)

/ /

Place of birth

Country

Suburb/Town/City

State/Territory

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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.

Informant's details

Relationship to deceased
Family name
Family name at birth
First given name
Other given name(s)

Signature of informant

Date (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

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

How was cause of death certified?

- Medical certificate of cause of death issued
 Medical certificate cause of perinatal death issued
 Coroner's disposal order

Disposal Order

With cause of death Without cause of death

Part H – Method of disposal (to be completed by Funeral Director)

Date of disposal / /

Was the deceased transferred overseas for burial/cremation?

Yes No

Which country was the deceased transferred to for burial/cremation?

The deceased was buried at cemetery (name of cemetery)

Address of cemetery

Address Line 1

Address Line 2

Suburb/Town/City

State/Territory

Postcode Country

or delivered to the crematorium (name of Crematorium)

Address of Crematorium

Address Line 1

Address Line 2

Suburb/Town/City

State/Territory

Postcode Country

Part I – Funeral (to be completed by Funeral Director)

Was the Funeral ordered by the Informant shown at Part F?

Yes No

If no, full name of person ordering the Funeral:

Name of Funeral Firm

Address Line 1

Address Line 2

Suburb/Town/City

State/Territory

Postcode Country

Contact phone number

Email address