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.
### 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 ☐

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**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**
- **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**
- **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**
  - **State/Territory**
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.

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

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 D – Parent One (mother) of deceased

<table>
<thead>
<tr>
<th>Relationship to deceased</th>
<th>Parent</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family name</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 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

<table>
<thead>
<tr>
<th>Female</th>
<th>Male</th>
<th>Other</th>
</tr>
</thead>
</table>

Usual occupation during working life

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

| Main tasks usually performed in that occupation |

Date of birth (dd/mm/yyyy)

| / / |

Place of birth

<table>
<thead>
<tr>
<th>Country</th>
</tr>
</thead>
</table>

Suburb/Town/City

| State/Territory  |

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

<table>
<thead>
<tr>
<th>Relationship to deceased</th>
<th>Father</th>
<th>Parent</th>
<th>Mother</th>
</tr>
</thead>
</table>

| 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

<table>
<thead>
<tr>
<th>Female</th>
<th>Male</th>
<th>Other</th>
</tr>
</thead>
</table>

Usual occupation during working life

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

| Main tasks usually performed in that occupation |

Date of birth (dd/mm/yyyy)

| / / |

Place of birth

<table>
<thead>
<tr>
<th>Country</th>
</tr>
</thead>
</table>

Suburb/Town/City

| State/Territory  |
## 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

<table>
<thead>
<tr>
<th>Relationship to deceased</th>
<th>Family name</th>
<th>Family name at birth</th>
<th>First given name</th>
<th>Other given name(s)</th>
</tr>
</thead>
</table>

### Signature of informant

<table>
<thead>
<tr>
<th>Date (dd/mm/yyyy)</th>
<th></th>
</tr>
</thead>
</table>

### Residential address of informant

<table>
<thead>
<tr>
<th>Address Line 1</th>
<th>Address Line 2</th>
<th>Suburb/Town/City</th>
<th>State/Territory</th>
<th>Postcode</th>
<th>Country</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Address Line 1</th>
<th>Address Line 2</th>
<th>Suburb/Town/City</th>
<th>State/Territory</th>
<th>Postcode</th>
<th>Country</th>
</tr>
</thead>
</table>

## 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)

<table>
<thead>
<tr>
<th>Date of disposal</th>
<th></th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Address Line 1</th>
<th>Address Line 2</th>
<th>Suburb/Town/City</th>
<th>State/Territory</th>
<th>Postcode</th>
<th>Country</th>
</tr>
</thead>
</table>

or delivered to the crematorium (name of Crematorium)

### Address of Crematorium

<table>
<thead>
<tr>
<th>Address Line 1</th>
<th>Address Line 2</th>
<th>Suburb/Town/City</th>
<th>State/Territory</th>
<th>Postcode</th>
<th>Country</th>
</tr>
</thead>
</table>

## 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:

<table>
<thead>
<tr>
<th>Name of Funeral Firm</th>
<th>Address Line 1</th>
<th>Address Line 2</th>
<th>Suburb/Town/City</th>
<th>State/Territory</th>
<th>Postcode</th>
<th>Country</th>
</tr>
</thead>
</table>