



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

Signature of informant

Date (dd/mm/yyyy)

Relationship to deceased

Residential address (in full)

Postcode

Daytime phone number

Name of witness

Signature of witness*

Date (dd/mm/yyyy)

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

was on

buried by me at cemetery

at Town/City

State if not NSW

or delivered by me to the Crematorium at

Name/Location

Funeral ordered by

Address

Signature of
Funeral Director

Date

Name of Firm

Address of Firm

Postcode

Daytime Phone number

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

(dd/mm/yyyy)

I certify that the body of

was on

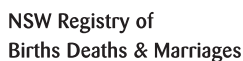
cremated at

Name/Location

Town/City

State if not NSW

Signature of Superintendent or Officer in Charge
Date (dd/mm/yyyy)



The following Sections are only to be filled out if the deceased was married more than three (3) times and / or had more than eight (8) children.

Fourth marriage

Town/City	State/Country
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Name of spouse (give full name at date of marriage)

Family name (surname)

Place of marriage

Town/City	State/Country
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Name of spouse (give full name at date of marriage)

Family name (surname)

Place of marriage

Town/City	State/Country
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Name of spouse (give full name at date of marriage)

Family name (surname)

(if more than eight (8) from page 2)

- Include legally adopted children.
- 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.

[illegible]