

DEATH INFORMATION FORM

Persons Name:

Persons Name as per Passport or Driving License

Sex: Male Female

Place of Death:

Date of Death

Date of Birth:

Age:

Birthplace:

Usual Residence of the deceased

If born overseas, what year did the deceased first arrive in Australia ?.....

Was the deceased of Aboriginal origin?.....
or Torres Strait Islander origin?.....

Married Status:De facto

FIRST MARRIAGE

Place of Marriage Age at date of marriage

Name of spouse

Surname (Maiden).....

SECOND MARRIAGE

Place of Marriage Age at date of marriage

Name of spouse

Surname (Maiden).....

THIRD MARRIAGE

Place of Marriage Age at date of marriage

Name of spouse

Surname (Maiden).....

Occupation:

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

Father of Deceased:

Persons Name as per Passport or Driving License:.....

Occupation:

Mother of Deceased (Maiden):

Persons Name as per Passport or Driving License:.....

Occupation:

Children of Deceased -

Full Name	Surname	Age	Date of Birth	Alive/Dec	Sex

Signature of Informant.....

Initials and Surname of Informant.....

Relationship to deceased.....

Residential Address (in full)

.....

.....

Daytime telephone number.....

Email Address.....

Mobile:

Signature of Witness Date: