



REGISTRATION *of* DEATH FORM

Surname: *(family name)* Given Name(s):

Date of Birth: Date of Death:

Place of Birth:

Usual Residence: *(suburb, state, p/code)*

Usual Profession or Occupation during Working Life:

Pension Type: Centrelink Veterans Affairs

Pension Number: *(if applicable)*

Aboriginal/Torres Strait Islander: Yes No

Sex: M F

Age of Deceased: Period of Residence in Australia:

Marital Status: Married Widowed Divorced Never Married Unknown

MARRIAGE 1

Surname of Spouse:

Given Name of Spouse:

Place of Marriage: *(suburb, state)*

Deceased Age at time of Marriage:

MARRIAGE 2

Surname of Spouse:

Given Name of Spouse:

Place of Marriage: *(suburb, state)*

Deceased Age at time of Marriage:



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MARRIAGE 3

Surname of Spouse:

Given Name of Spouse:

Place of Marriage: (*suburb, state*)

Deceased Age at time of Marriage:

Enter Given Names of Children: (*provide details of each child in order of birth, from eldest to youngest. Include any legally adopted children. If a child is deceased, enter "D" in the age field. If not born alive, enter "SB" in the age field.*)

1. Child's Given Name(s):

Age:

2. Child's Given Name(s):

Age:

3. Child's Given Name(s):

Age:

4. Child's Given Name(s):

Age:

5. Child's Given Name(s):

Age:

6. Child's Given Name(s):

Age:

7. Child's Given Name(s):

Age:

8. Child's Given Name(s):

Age:

9. Child's Given Name(s):

Age:

10. Child's Given Name(s):

Age:

Father's Full Name:

Occupation:

Mother's Full Name:

Mother's Maiden Name:

Occupation: