

## REGISTRATION OF DEATH (FAMILY HISTORY DETAILS)

### Full name

Current residential address		
Town/Suburb	Postcode	Country
Phone number	Mobile	

### Next of Kin

(Is this person the Executor  Yes  No)

Full name		
Current residential address		
Town/Suburb	Postcode	Country
Phone number	Mobile	

### Birth Date

### Place

Town	State	Country
Australian resident since (year)		
Do you have Aboriginal or Torres Strait Islander Descent? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Marital Details

Status	<input type="checkbox"/> married	<input type="checkbox"/> never married	<input type="checkbox"/> separated	<input type="checkbox"/> divorced	<input type="checkbox"/> widow/widower
1st Marriage	Place	Age when married			
Full name of spouse (prior to marriage)					
2nd Marriage	Place	Age when married			
Full name of spouse (prior to marriage)					
3rd Marriage	Place	Age when married			
Full name of spouse (prior to marriage)					

### Children's Details

Given names	DOB	Sex
Given names	DOB	Sex
Given names	DOB	Sex
Given names	DOB	Sex
Given names	DOB	Sex

### Parents Details

Father's full name
Usual occupation during working life
Mother's given names
Mother's maiden name
Usual occupation during working life

### Employment Details

Usual occupation during working life
Main tasks performed in that occupation

