

Form 8 (Version 7)

# Death registration application

Effective as of 22/01/2013

*Births, Deaths and Marriages Registration Act 2003* (Section 29)

*Relationships Act 2011*

Please print clearly using block letters and **do not** use correction fluid/tape.

Office use only

Registration number

District

Reg no. (if deceased is less than 2 yrs)

## 1. Details of the deceased at time of death

First names			
Surname			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of death	____ / ____ / ____
Date of birth* (if known)	____ / ____ / ____	Age	____ (years) ____ (months) ____ (days)
Place of death (full address of home, hospital, nursing home etc.)			Office use only
	Postcode		
Residential address* (street and suburb, not post box)			
	Postcode		
Usual occupation during working life			
Was the deceased retired?*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Place of birth (town/city and Australian state or town/city and country if born overseas)			
If born overseas, in what year did the deceased first arrive in Australia?			
Was the deceased of Aboriginal or Torres Strait Islander origin?*			
<input type="checkbox"/> No <input type="checkbox"/> Yes (Aboriginal) <input type="checkbox"/> Yes (Torres Strait Islander) <input type="checkbox"/> Yes (Aboriginal and Torres Strait Islander)			
What was the relationship status of the deceased at the time of death?			
<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Registered relationship <input type="checkbox"/> De facto <input type="checkbox"/> Unknown			

## 2. Marriages or registered relationships of the deceased

List all marriages or registered relationships of the deceased starting with the earliest  
Do not include details of de facto relationships. Please indicate whether a Marriage (M) or a registered relationship (R).  
If more than one, attach a separate sheet with details.

Place of event (town/city and Australian state or town/city and country if overseas)	Marriage (M) or registered relationship (R)	Deceased's age at time	First names of spouse or registered partner (at time of event)	Surname of spouse or registered partner (at time of event)
		____ years		
		____ years		
		____ years		
		____ years		

## 3. Parents' details of the deceased

Father's or parent's first names	
Father's or parent's surname	
Father's or parent's occupation during working life	
Mother's or parent's first names	
Mother's or parent's maiden surname	
Mother's or parent's occupation during working life	

\* All items marked with an asterisk (\*) are for statistical or administrative purposes only. These will not appear in the Register of Deaths.

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#### 4. Children of the deceased

##### List the first names of all the deceased's children

List names in order of their birth (from oldest to youngest). If the child is deceased enter 'D' in age column. If not born alive enter 'SB' in age column. If more than five children, attach a separate sheet with their details. Include legally adopted children. If no children write 'None'.

First names of children	Date of birth*	Age
	___ / ___ / ___	
	___ / ___ / ___	
	___ / ___ / ___	
	___ / ___ / ___	
	___ / ___ / ___	

#### 5. Burial/cremation notice (Section 32)

How were the remains of the deceased disposed of?	<input type="checkbox"/> Cremation	<input type="checkbox"/> Burial
Name of cemetery or crematorium		
Name of minister/reader (initials and surname)*		
Denomination*	Date of cremation or burial*	___ / ___ / ___
Or removal out of Queensland for burial or cremation at (place of burial or cremation)* Attach completed Form 12	Date of cremation or burial*	___ / ___ / ___

#### 6. Certification by funeral director

Name of funeral director (initials and surname)		
Name of firm*		
Firm's address*		Postcode
Telephone (daytime number*)		
How was the cause of death certified?*	<input type="checkbox"/> Cause of death certificate issued	<input type="checkbox"/> Autopsy ordered by coroner
Signature*		

#### 7. Declaration

I certify that the information on this form is correct for the purpose of being inserted in the Register of Deaths		
Full name		
Relationship to deceased		
Current residential address (street and suburb)		Postcode
Telephone (daytime number*)	Signature*	
Date*	___ / ___ / ___	

#### Privacy statement

The collection of information on this form is authorised by the *Births, Deaths and Marriages Registration Act 2003*. It is used for the purpose of the Act which includes registering deaths in Queensland and issuing death certificates.

The information on this form may be provided to law enforcement agencies and to government and non-government agencies for verification of data. Access to this information or to a certificate may be granted to any person who has an adequate reason to obtain it, or who meets the requirements of the access policy. To obtain details about the access policy and rights of access to this information contact the registry on **1300 366 430**. For general information about the registry visit [www.justice.qld.gov.au](http://www.justice.qld.gov.au).

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