

INFORMANT FORM (1a)**DECEASED DETAILS****First names** **Surname**

Sex M / F Age at Death Date of Death Date of Birth

Place of Death

Residential Address

Main occupation Retired Y / N Pensioner Y / N Type

Place of Birth State Country

If born overseas, year of arrival Aboriginal Y / N Torres Strait Islander Y / N

MARRIAGE DETAILS NEVER MARRIED / MARRIED / WIDOWED / DIVORCED / SEPARATED / DE FACTOFirst Marriage:

City / State / Country Age at Marriage

First Name and Surname of Spouse

Second Marriage:

City / State / Country Age at Marriage

First Name and Surname of Spouse

Third Marriage:

City / State / Country Age at Marriage

First Name and Surname of Spouse

CHILDREN OF DECEASED First Name and Family Surname - Please state if deceased

1. D.O.B. M / F

2. D.O.B. M / F

3. D.O.B. M / F

4. D.O.B. M / F

5. D.O.B. M / F

6. D.O.B. M / F

7. D.O.B. M / F

8. D.O.B. M / F

PARENTS OF DECEASED (Occupation not required if deceased is under 15 years of age)Father: First Name Surname OccupationMother: First Name Surname Occupation**CERTIFICATION BY INFORMANT**

I certify that the information shown on this form is correct for the purpose of being provided to the Register of Births, Deaths and Marriages.

Name of informant Signature

Address

..... Post Code

Date Contact Number Relationship