UNITED FUNERAL CARE®

LEADERS IN SERVICE EXCELLENCE



Information Required to Register a Death

It is vital that this form is completed accurately. The information you provide will appear on the Death Certificate, issued by the Registry of Births, Deaths , and Marriages. (**Please print clearly**)

Details of the Deceased Individual

Full name

Family name at birth | Date of birth

Residential address

Sex ☐ M ☐ F | Aboriginal ☐ Y ☐ N | Torres Strait Islander ☐ Y ☐ N

Place of birth | If born overseas, date of arrival (year, if unknown)

Age at death | Date of death | Place of death

Retired ☐ Y ☐ N | **Pensioner** ☐ Y ☐ N | **Type** | **Current marital status**

Main occupation during working years

Deceased Individual's Marriage Details

	1st Marriage	2nd Marriage	3rd Marriage
Town/Suburb			
State			
Surame of Spouse			
Given Names of Spouse			
Deceased's Age at Commencement			
Current Status *(Married, Widowed, Divorced…)*			

Children of the Deceased Individual (Biological or Legally Adopted)

	Family Name	Given Name	Date of Birth	Life Status	Gender
1st Child					
2nd Child					
3rd Child					
4th Child					
5th Child					
6th Child					
7th Child					
8th Child					

Parents of the Deceased Individual

	Mother	Father
Family Surname		
Given Names		
Maiden Name		**NOT APPLICABLE**
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

Date

Contact Number | Relationship

Email

RETURN ORIGINAL TO OFFICE

ABN. 34 673 095 808

Registered Office: 82 Belgrave Street, Kempsey NSW 2440 (02) 6562 3160 (24 Hours)

Email: director@unitedfuneralcare.com.au www.unitedfuneralcare.com.au

Service Locations: Port Macquarie, Kempsey, Macksville, Nambucca Heads, Bellingen, Coffs Harbour, Woolgoolga and surrounding areas