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	☐ Male ☐ Fema	ale	Date of deat	Date of death		/			
Date of birth* (if known)	//		Age	(years	) (months) (days)				
Place of death (full address of home, hospital, nursing home etc.)		Postcode		Office use only					
Residential address* (street and suburb, not post box)			Postcode						
Usual occupation during working	; life								
Was the deceased retired?*		☐ Yes ☐ No							
Place of birth (town/city and Austown/city and country if born over									
If born overseas, in what year di	d the deceased first	arrive in Australia	1?						
Was the deceased of Aboriginal of	or Torres Strait Island	ler origin?*							
☐ No ☐ Yes (Aboriginal)	☐ <b>Yes</b> (Torres	Strait Islander)	Yes (Aborigina	l and Torres S	Strait Islander)				
What was the relationship status of the deceased at the time of death?									
☐ Never married ☐ Married ☐ Divorced ☐ Widowed ☐ Registered relationship ☐ De facto ☐ Unknown									
2. Marriages or registered re	lationships of the	deceased							
2. Marriages or registered relation Do not include details of de facto relations of the factors	ationships of the dece	ased starting with t		d relationship	(R).				
List all marriages or registered rela Do not include details of de facto re	ationships of the decer elationships. Please in sheet with details.  Marriage (M) or	ased starting with t		or registered		ouse or registered of event)			
List all marriages or registered rela Do not include details of de facto re If more than one, attach a separate Place of event (town/city and Australian state or town/city and	ationships of the decer elationships. Please in sheet with details.  Marriage (M) or registered	ased starting with the dicate whether a M  Deceased's	arriage (M) or a registere  First names of spouse of	or registered	Surname of spo				
List all marriages or registered rela Do not include details of de facto re If more than one, attach a separate Place of event (town/city and Australian state or town/city and	ationships of the decer elationships. Please in sheet with details.  Marriage (M) or registered	ased starting with the dicate whether a M  Deceased's age at time	arriage (M) or a registere  First names of spouse of	or registered	Surname of spo				
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<sup>\*</sup> All items marked with an asterisk (\*) are for statistical or administrative purposes only. These will not appear in the Register of Deaths.



## Secretary of Communication      Secretary of Communication					/	/_				
Name of cemetery or crematorium    Name of cemetery or crematorium					/	/_				
Name of cemetery or crematorium    Name of minister/reader (initials and surname)*   Date of cremation or burial	5. Burial/cremation notice (Se	ection 32)								
Name of minister/reader (initials and surmane)*  Denomination*  Denomination*  Date of cremation or burial*  /	How were the remains of the deceas	sed disposed of?	☐ Cremat	ion 🗌 Bu	rial					
Denomination* Or removal out of Queensland for burial or cremation at (place of burial or cremation)* Attach completed Form 12  Cecrtification by funeral director  Name of funeral director (initials and surname) Name of funeral director (initials and surname) Name of funeral director (initials and surname) Name of fure* Firm's address*  Telephone (daytime number*) How was the cause of death certified?*  Telephone (daytime number on this form is correct for the purpose of being inserted in the Register of Deaths Fill name Relationship to deceased Current residential address (Siteet and suburb)  Telephone (daytime number*)  Signature*  Signature  Postcode  Postcode  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 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 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 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 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 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 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 deaths about the access policy and rights of access to this information contact the registry on 1900 366 430. For general information about the registry visit www.justice.qid.gov.au.	Name of cemetery or crematorium	1								
Denomination* Or removal out of Queensland for burial or cremation at (place of burial or cremation)* Attach completed Form 12  Cecrtification by funeral director  Name of funeral director (initials and surname) Name of funeral director (initials and surname) Name of funeral director (initials and surname) Name of fure* Firm's address*  Telephone (daytime number*) How was the cause of death certified?*  Telephone (daytime number on this form is correct for the purpose of being inserted in the Register of Deaths Fill name Relationship to deceased Current residential address (Siteet and suburb)  Telephone (daytime number*)  Signature*  Signature  Postcode  Postcode  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 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 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 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 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 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 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 deaths about the access policy and rights of access to this information contact the registry on 1900 366 430. For general information about the registry visit www.justice.qid.gov.au.										
Or removal out of Queensland for burial or cremation at (place of burial or cremation)* Attach completed Form 12  6. Certification by funeral director  Name of firm* Firm's address*    Postcode		and surname)*								
Attach completed Form 12  6. Certification by funeral director  Name of funeral director (initials and surname)  Name of firm*    Postcode	Denomination*				Date of crematio	ate of cremation or burial*//_				
Ame of funeral director (initials and surname) Name of firm* Firm's address*    Postcode	cremation at (place of burial or cremation)*				D ( f ()					
Name of funeral director (initials and surname)  Name of firm*  Firm's address*    Postcode	Attach completed Form 12			vate of cremation or burial*   / /						
Firm's address*    Firm's address*   Postcode	6. Certification by funeral dire	ector								
Firm's address*    Cause of death certificate issued   Autopsy ordered by coroner   Signature*   Cause of death certificate issued   Autopsy ordered by coroner	Name of funeral director (initials a	and surname)								
Telephone (daytime number*)  How was the cause of death certified?*  Cause of death certificate issued 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)  Telephone (daytime number*)  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 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.  *All items marked with an asterisk (*) are for statistical or administrative purposes only. These will not appear in the Register of Deaths.	Name of firm*									
Telephone (daytime number*)  How was the cause of death certified?*  Cause of death certificate issued 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)  Telephone (daytime number*)  Date*  Signature*  Signature*  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 deatils 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.  *All items marked with an asterisk (*) are for statistical or administrative purposes only. These will not appear in the Register of Deaths.	Firm's address*									
Cause of death certificate issued Autopsy ordered by coroner    Cause of death certificate issued Autopsy ordered by coroner							Postcode	!		
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	<u> </u>	·	ral) 2013					2022//		

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'.

Date of birth\*

Age

4. Children of the deceased

First names of children

List the first names of all the deceased's children

Death registration application 2/2