



ACT GOVERNMENT

Births, Deaths and Marriages Registration Act 1997

Registrar-General's Office

DEATH REGISTRATION STATEMENT

PRIVACY COLLECTION STATEMENT (PRIVACY ACT 1988 (C'WLTH))

PRIVACY NOTES

The *Births, Deaths and Marriages Registration Act 1997* authorises the Registrar-General to collect the information required by this form for the establishment and maintenance of registers and in processing your application. The Registrar-General prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988 (C'wlth)*. However, the Registrar-General provides identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances.

WHO IS RESPONSIBLE FOR NOTIFICATION

The funeral director or person who arranges for the disposal of human remains in the ACT must, within 7 days after the day the remains are disposed of, give the Registrar-General a written statement containing certain information. Disposal of remains includes cremation, burial, placing the remains in the custody of an educational or scientific institution for the purpose of medical education or research or, removal from the ACT. If the remains are removed from the ACT, the funeral director or person who arranges the removal should also provide a written statement within 28 days of disposal outside the ACT to the Registrar-General containing certain information. If the remains have not been disposed of within 30 days of the date of death, the funeral director or the person having custody of the remains must provide a written statement to the Registrar-General containing certain information. This form is to be used to provide this information to the Registrar-General.

CORONIAL INQUESTS

Where a death is subject to a coronial inquest a death certificate may not be issued with a cause of death until the Coroner's Office has notified this office of the cause of death. The Registrar-General may issue a death certificate after registration without a cause of death until such time as the Registrar-General has been provided with the Coroner's findings.

GENERAL INFORMATION

A domestic partnership is defined in the *Legislation Act 2001* as a relationship between 2 people, whether of a different or the same sex, living together as a couple on a genuine domestic basis. A domestic partner may include a husband or wife through a marriage. Also note a stepchild is not a child of the deceased. A Parent is defined in the *Legislation Act 2001* as a mother, father or someone else who is presumed to be a parent under the *Parentage Act 2004*. The statistical information relating to Aboriginal or Torres Strait Islander origin are collected for the Australian Bureau of Statistics for health and welfare purposes only.

FEES CURRENT TO 30 JUNE 2009

There is no fee to lodge a death registration statement, however a fee is applicable if you require a death certificate. If you wish to apply for a death certificate you may obtain an application form from our website or contact this office.

CONTACT DETAILS

The Registrar-General's Office is located at 255 Canberra Avenue, Fyshwick ACT 2609. Our postal address is GPO Box 158, Canberra City ACT 2601. Our office hours are 9:00am to 4:30pm Monday to Friday. You may also download forms and information from our website at www.ors.act.gov.au or contact this office on (02) 6207 0460.

Telephone Interpreter Services

If English is not your first language, and you need help with this form, please telephone 131 450 for assistance 24 hours a day.

ENGLISH	If you need interpreting help, telephone:
ARABIC	إذا احتجت لمساعدة في الترجمة الشفوية، إتصل برقم الهاتف:
CHINESE	如果你需要传译员的帮助，请打电话:
CROATIAN	Ako trebate pomoć tumača telefonirajte:
GREEK	Αν χρειάζεστε διερμηνεία τηλεφωνήστε στο
ITALIAN	Se avete bisogno di un interprete, telefonate al numero:
MALTESE	Jekk għandek bżonn l-għajruna t'interpretu, ċempel:
PERSIAN	اگر به ترجمه شفاهی احتیاج دارید به این شماره تلفن کنید:
PORTUGUESE	Se você precisar da ajuda de um intérprete, telefone:
SERBIAN	Ako vam je potrebna pomoć prevodnioca telefonirajte:
SPANISH	Si necesita la asistencia de un intérprete, llame al:
TURKISH	Tercümana ihtiyacınız varsa lütfen telefon ediniz:
VIETNAMESE	Nếu bạn cần một người thông-ngôn hãy gọi điện-thoại:

TRANSLATING AND INTERPRETING SERVICE
131 450

Canberra and District - 24 hours a day, seven days a week



ACT GOVERNMENT
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DEATH REGISTRATION STATEMENT

DETAILS OF DECEASED

Surname		Given names	
<input style="width:100%; height:25px;" type="text"/>		<input style="width:100%; height:25px;" type="text"/>	
Surname at birth		Given names at birth	
<input style="width:100%; height:25px;" type="text"/>		<input style="width:100%; height:25px;" type="text"/>	
Any other surnames used		Any other given names used	
<input style="width:100%; height:25px;" type="text"/>		<input style="width:100%; height:25px;" type="text"/>	
Last home address			
<input style="width:100%; height:25px;" type="text"/>			
Date of death	Place of death		
<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>		
Date of birth	Place of birth (town/city and state/country)		
<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>		
Sex	Was the deceased born outside Australia	If so, the period of time in Australia	
<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>	
Usual occupation	Was the death reported to the Coroner		
<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>		
Was the deceased of Aboriginal or Torres Strait Islander origin (for Australian Bureau of Statistics purposes only)			
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal origin <input type="checkbox"/> Yes, Torres Strait Islander origin <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander origin			

MARITAL AND DOMESTIC PARTNERSHIP DETAILS OF DECEASED

Was the deceased in a domestic partnership at time of death	Marital status immediately prior to death		
<input style="width:100%; height:25px;" type="text"/>	Never married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		
Domestic partnerships the deceased had been in at any time including date and place of each marriage if applicable			
Name and any former name of each domestic partner or spouse	Date of marriage	Place of marriage	
<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>	
<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>	
<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>	

CHILDREN OF DECEASED

Enter in order of birth. If child is deceased write 'D' in the age. Include adopted children but not those given up for adoption or stepchildren.

Given names in full	Sex	Age	Given names in full	Sex	Age
<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>
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<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>

DETAILS OF DECEASED'S MOTHER

Surname

Given names

Maiden / Former names if any

Occupation

DETAILS OF DECEASED'S FATHER PARENT

Surname

Given names

Maiden / Former names if any

Occupation

DETAILS OF DISPOSAL OF REMAINS (IF APPLICABLE)

Surname of funeral director or person responsible for disposal

Given names of funeral director or person responsible for disposal

Address of funeral director or person responsible for disposal

Funeral director's business/company name and telephone number

Date of disposal

Manner of disposal of remains ie burial, cremation, in custody of educational/scientific institution or removal from ACT

Place of disposal of remains

Full name of celebrant if one was present at burial or cremation

If celebrant is a minister of religion specify the denomination

Surname of person who witnessed disposal of remains

Given names of person who witnessed disposal of remains

STATEMENT OF REMOVAL OF REMAINS FROM THE ACT (IF APPLICABLE)

Surname of funeral director or person responsible for removal

Given names of funeral director or person responsible for removal

Address of funeral director or person responsible for removal

Occupation of funeral director or person responsible for removal

Date of removal

Purpose of removal and if it was for anatomical examination the name of the institution where it is to take place

STATEMENT OF NONDISPOSAL OF REMAINS WITHIN 30 DAYS OF DEATH (IF APPLICABLE)

Surname of person having custody of the remains

Given names of person having custody of the remains

Address of person having custody of the remains

Occupation of person having custody of the remains

CERTIFICATION OF PERSON PROVIDING INFORMATION TO FUNERAL DIRECTOR

I certify that I have read this form thoroughly and that the information provided, is to the best of my knowledge and belief, true and correct for registration purposes. I understand that it is an offence to make a false or misleading statement in any application or document under the *Births, Deaths and Marriages Registration Act 1997*.

Full name

Address

Occupation

Daytime telephone number

Relationship to deceased

Signature