



# GLEN FUNERALS

COMMEMORATING LIFE'S JOURNEYS

## REGISTRATION OF DEATH FORM

Surname at Death: .....

Given Name(s): .....

Surname at Birth: .....

Date of Birth: ..... Date of Death: .....

Place of Birth: .....

Usual Residence: *(suburb, state, postcode)* .....

Usual Profession or Occupation during Working Life: .....

Pension Type: ..... ☐ Centrelink ☐ Veterans Affairs

Pension Number: *(if applicable)* .....

Medicare Number: .....

Aboriginal/Torres Strait Islander: ..... ☐ Yes ☐ No

Sex: ..... ☐ M ☐ F

Age of Deceased: ..... Year of arrival in Australia: .....

..... Period of Residence in Australia: .....

Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown

### MARRIAGE 1

Surname of Spouse: .....

Given Name(s) of Spouse: .....

Place of Marriage: *(suburb, state)* ..... Year of Marriage: .....

### MARRIAGE 2

Surname of Spouse: .....

Given Name(s) of Spouse: .....

Place of Marriage: *(suburb, state)* ..... Year of Marriage: .....

### MARRIAGE 3

Surname of Spouse: .....

Given Name(s) of Spouse: .....

Place of Marriage: *(suburb, state)* ..... Year of Marriage: .....



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## DOMESTIC RELATIONSHIP

Surname of Partner: .....

Given Name(s) of Partner: ..... Partners Sex: ☐ M ☐ F

Is the relationship registered?: ☐ Yes ☐ No

**If yes,** Place of registration: *(suburb, state, country)* .....

Year of Registration: .....

**If no,** List the previous relationship of the deceased ☐ Marriage *(details overleaf)* ☐ Defacto ☐ Unknown

Surname of Partner: .....

Given Name(s) of Partner: ..... Partners Sex: ☐ M ☐ F

Enter Full names of all Children: *(Include any legally adopted children. Provide current name(s) and name(s) at birth. Provide date of birth for each child. If a child is deceased, enter "D" in the DOB field. If not born alive, enter "SB" in the DOB field.)*

CURRENT SURNAME	SURNAME AT BIRTH	GIVEN NAME(S)	DATE OF BIRTH
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Father/Parent's Full Name: ..... DOB: .....

Father/Parent's Surname at birth: ..... Occupation: .....

Mother/Parent's Full Name: ..... DOB: .....

Mother/Parent's Surname at birth: ..... Occupation: .....