

**Form 1 - ADA**

**IMPORTANT INFORMATION**

This form can be used to register the death of a prescribed person who has disappeared from an Australian aircraft while it was in flight, an Australian ship while it was at sea, a flying craft (other than an Australian aircraft) while it was in flight on an Australian flight, or a ship (other than an Australian ship) while it was at sea on an Australian voyage. A prescribed person means a person who is an Australian citizen or, ordinarily resides in Australia or, is in receipt of a pension, allowance or benefit under the Social Security Act 1991 (C'wlth) or is in receipt of a pension, allowance or benefit under the Veterans' Entitlements Act 1986 (C'wlth) or is receiving weekly amounts of compensation under the Military Rehabilitation and Compensation Act 2004. Registration of a death abroad is not compulsory.

To enable registration of a death abroad certain documents need to be lodged with this form to support the application including: a Death certificate, missing person reports to police, outcomes of coronial inquests, a Medical Practitioner's certificate or reports or logs from aircraft or ship crew and a Transport of Body certificate, identification of the deceased such as passport. Details of disposal in Australia. If any documentation is in a foreign language, an official English translation is required. All original documentation supplied with the application form will be returned to the applicant only if requested. Applicants are also required to provide 3 forms of identification upon application of which at least one must display the applicant's current residential address and signature.

There is no fee to lodge an application to register a death abroad. However, a fee does apply if a certificate is required. For further information and forms to apply for a certificate please visit our website <https://www.accesscanberra.act.gov.au>

**PRIVACY INFORMATION**

The *Births, Deaths and Marriages Registration Act 1997* authorises the Registrar-General to collect the information required by this form. The Registrar-General prevents any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014*. The Registrar-General may provide identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances. Documents provided as proof of identity may have their authenticity verified through the National Document Verification System (DVS). Documents issued by this office may also be verified by external agencies using DVS.

**INSTRUCTIONS FOR COMPLETION**

- If completing this form by hand please use black pen only.
- This office will not accept lodgement of this form if it is not completed in full.
- Any alteration to information provided on this form must be struck through with black pen and substitute information must be clear and all parties must sign in the margin. Do not use white out.
- If you are lodging this application in person you must supply original documentation.

**LODGEMENT AND CONTACT INFORMATION**

**Email:**  
[bdm@act.gov.au](mailto:bdm@act.gov.au)

**Post:**  
Access Canberra  
Births, Deaths and Marriages  
GPO Box 158  
Canberra, ACT 2601

**In Person:**  
Please visit  
[www.act.gov.au/accessCBR](http://www.act.gov.au/accessCBR)  
Or call **132281** to find an  
Access Canberra Service Centre

If you require further information or require advice, a language assistance service is available by phoning the  
**Translating and Interpreting Service (TIS) on 13 14 50**

**Form 1 - ADA**

<b>Phone number</b>		<b>Registration Number</b> (Office use only)	
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**PARTICULARS OF DECEASED**

<b>Surname</b>		<b>Given Name(s)</b>	
<b>Date of Death</b>	<b>Time of Death</b>	<b>Place of Death</b>	
/ /	am/pm		
(a) name or flight number of flying craft or name of ship (b) name of carrier or registered owner (c) location of craft or ship at time of death (d) port of origin of the flight or voyage (e) port of destination of the flight of voyage			
(a)	(b)	(c)	
(d)	(e)		
<b>Date of Birth</b>	<b>Sex</b>	<b>Place of Birth</b>	
/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex		
<b>Nationality</b>		<b>Last known occupation</b>	
<b>Marital status</b>		<b>Surname of spouse</b> (if applicable)	
<input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<b>Former name of spouse</b> (if applicable)		<b>Given Name(s) of spouse</b> (If applicable)	
<b>Children of the deceased</b> (Given names in full)	<b>Date of Birth</b>	<b>Sex</b>	<b>Deceased</b>
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex	<input type="checkbox"/> No <input type="checkbox"/> Yes
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex	<input type="checkbox"/> No <input type="checkbox"/> Yes
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex	<input type="checkbox"/> No <input type="checkbox"/> Yes
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Mother/Birth Parent Surname</b>	<b>Mother/Birth Parent Former Surname</b> (If any)	<b>Mother/Birth Parent Given Name(s)</b>	
<b>Father/Other Parent Surname</b>	<b>Father/Other Parent Former Surname</b>	<b>Father/Other Parent Given Name(s)</b>	

**Details of Residence**

<b>Usual place of residence</b>	
<b>Where person resided in Australia at any time, the address/es at which the person resided</b>	<b>Period of residence</b>
Grounds (if any) on which the applicant has reason to believe that the person: (a) was an Australian citizen (b) ordinarily resided in Australia or in an external Territory of Australia (c) was in receipt of a pension, allowance or benefit under the <i>Social Security Act 1991</i> (d) was in receipt of a pension, allowance or benefit under the <i>Veterans' Entitlements Act 1986</i> or the <i>Military Rehabilitation and Compensation Act 2004</i> .	
(a)	
(b)	
(c)	
(d)	

<b>PARTICULARS OF BENEFITS PAYABLE BY COMMONWEALTH</b>
If the deceased was in receipt of a salary, pension, allowance or other benefit from the Commonwealth or an authority of the Commonwealth, details of that benefit.

<b>MEDICAL PARTICULARS</b>
<b>Cause of death</b>
<b>Full name of medical practitioner, coroner or other authority furnishing medical particulars</b>

<b>BURIAL/CREMATION PARTICULARS</b>	
<b>Date of Burial/Cremation</b>	<b>Place of Burial/Cremation</b>
/ /	

**DETAILS OF APPLICANT**

<b>Rank or Title</b>	<b>Surname</b>	<b>Given Name(s)</b>
<b>Relationship to deceased</b>	<b>If not related, period applicant knew the deceased</b>	
<b>If not related, grounds on which the applicant knows the identity of the deceased</b>		
<b>Has an application for registration of death been made to any other authority, and if so, which authority</b>		
<b>If an application for registration of deaths was made to another authority, was the application refused and reason</b>		

**DECLARATION BY APPLICANT**

<b>I,</b> (full name)	<b>being a</b> (occupation)
<b>of</b> (address)	
<b>Email Address:</b>	
I certify that I have read this form thoroughly and that the particulars are correct. I understand that a person who intentionally makes a false statement in a declaration is guilty of an offence under the Crimes Act and I believe that the statements in the declaration are true in every particular.	
<b>Signature:</b>	<b>Date:</b>