

DEATH REGISTRATION STATEMENT

Births Deaths and Marriages Registration Act 1997
Births Deaths and Marriages Registration Regulation 1998

IMPORTANT INFORMATION

This form is used to collect particulars prescribed in the Births, Deaths and Marriages Registration Act 1997 and the Births Deaths and Marriages Registration Regulation 1998 to register the death of a person who died in the Australian Capital Territory. You can access legislation at www.legislation.act.gov.au. You may also obtain further information and forms from www.act.gov.au/accessCBR

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 date 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 the 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, at which time the certificate will be re-issued containing the cause of death information.

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.

LODGEMENT AND CONTACT INFORMATION

Preferred lodgement is by email: BDMDeathsOnline@act.gov.au

In Person: Please visit www.act.gov.au/accessCBR to find an Access Canberra Service Centre

General Enquires: 132281

INSTRUCTIONS FOR COMPLETION

- If completing this form by hand, please use a solid 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 a solid black pen and substitute information must be clear and all parties must sign in the margin. Do not use correction fluid or tape.
- 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.
- 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*.
- A stepchild is not a child of the deceased.
- There is no fee to lodge a death registration statement, however a fee is applicable if you require a death certificate. For information and forms to apply for a certificate please visit the Access Canberra website.

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

DEATH REGISTRATION STATEMENT
*Births Deaths and Marriages Registration Act 1997
 Births Deaths and Marriages Registration Regulation 1998*

DETAILS OF DECEASED			
Surname/Family Name		Given Names	
Surname/Family Name at Birth (if different)		Given Names at Birth (if different)	
Any other Surnames/Family Names Used		Any other Given Names Used	
Date of Birth	Date of Death	Sex	Usual Occupation
/ /	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex	
Place of Birth (town/city and state/country)		Place of Death	
Last Home Address			
Was the deceased born outside Australia		If so, period of time in Australia	Was the death reported to the Coroner
<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes
Was the deceased of Aboriginal or Torres Strait Islander origin			
<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			

RELATIONSHIP DETAILS OF DECEASED AT TIME OF DEATH		
Was the deceased in a relationship at the time of death <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please indicate type below)		
<input type="checkbox"/> Domestic partnership <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Name and former name of partner or spouse	Place of Marriage/Partnership (If Applicable)	Date
		/ /

DETAILS OF ANY OTHER RELATIONSHIPS OF DECEASED		
Any domestic partnerships the deceased had been in at anytime including the date and place of marriage/partnership		
Name and former name of partner or spouse	Place of Marriage/Partnership (If Applicable)	Date
		/ /
		/ /
		/ /
		/ /

CHILDREN OF DECEASED (Please enter in order of birth)

Given names in full	Date of Birth	Sex	Deceased
	/ /	<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
	/ /	<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
	/ /	<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

DETAILS OF DECEASED'S MOTHER/BIRTH PARENT/FATHER/OTHER PARENT

Surname	Given Names
Former names if any	Occupation

DETAILS OF DECEASED'S FATHER/OTHER PARENT/MOTHER/BIRTH PARENT

Surname	Given Names
Former names if any	Occupation

DETAILS OF DISPOSAL OF REMAINS (If applicable)

Funeral director's business/company name and phone number	Full name of funeral director or person responsible for disposal
Address of funeral director or person responsible for disposal	If celebrant is a minister of religion specify the denomination or if celebrant is a Civil Celebrant specify
	Full name of celebrant if present at burial or cremation
Date of disposal	Manner of disposal of remains
/ /	<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> In custody of educational/scientific institution <input type="checkbox"/> Removal from ACT
Place of disposal of remains	Full name 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		Address of funeral director or person responsible for removal	
Given name of funeral director or person responsible for removal		Occupation of person responsible for removal	
Date of removal	Purpose of removal and if for anatomical examination name of the institution where this 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 the person having custody of the remains	
Address of person having custody of the remains		Occupation of the 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 a person who intentionally makes a false statement is guilty of an offence under *the Criminal Code* and I believe that the statements in this declaration are true in every particular.

Full name		Occupation
Address		Signature
Daytime telephone number	Relationship to deceased	Email Address



BIRTHS, DEATHS AND MARRIAGE
APPLICATION FOR CERTIFICATE

Civil Partnerships Act 2008
Births, Deaths and Marriages Registration Act 1997
Births, Deaths and Marriages Registration Regulation 1998

Registration Number (Office use only)	
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DETAILS OF APPLICANT (Person completing form)

Surname		Given Name(s)	
Current Residential Address			
Daytime Contact Number	E-mail Address	Signature of Applicant	
Reason Certificate is Required	Relationship to Person Named on Certificate		

POSTAGE DETAILS

Postal Address (If different from residential address)

DEATH CERTIFICATE APPLICATION

Surname of Deceased		Given Name(s)	
Date of Death	Place of Death in the ACT		
/ /			
Mother's / Birth Parent's / Father's Full Former Name (If any)		Father's / Other parent's / Mother's Full Name	