

---

## **Death Registration Statement**

*Victorian Registry of Births, Deaths and Marriages Requirements*

---

### **PURPOSE:**

The purpose of this form is for the Funeral Director to notify the Registrar of a death. This form is required under Section 39(1) of the Births, Deaths and Marriages Registration Act 1996. The information requested is also used to form and issue a full death certificate.

### **IT IS IMPORTANT THAT DEATH RECORDS ARE ACCURATE.**

The information provided by family needs to be both *accurate and clear* at the time of completing the form. If there are errors after the registration has been submitted the amendments can be both time consuming and stressful for family.

A death certificate is an important legal document used for probate and closing service accounts, amongst other things.

Information collected in this form and held in the Register may be used for statistical purposes, medical research, community planning, law enforcement and other uses provided by law.

### **PLEASE RETURN TO MICHAEL CRAWFORD FUNERALS OFFICE:**

After completing the Registration Form please return to Michael Crawford Funerals Office, by email or by fax at your earliest convenience, before the Funeral Service, to ensure the Registration takes place on the day of the Funeral and is not delayed.

### **TURNAROUND TIME:**

Approximate turnaround timeframe for the Death Certificate is usually 7-14 days, however it could take longer depending if the Registry of Births Deaths and Marriages have received all information from the Medical Doctor or Coroner. If the Coroner is involved, the process could be anywhere from 7 days to several months.

# BIRTHS DEATHS AND MARRIAGES VICTORIA

MR MRS MS MISS OTHER Given Name(s):

Surname (Current - At time of death):

Surname (Family name at Birth if applicable):

Date of Birth:

Date of Death:

Age:

Place of Birth (Suburb, State, Country):

Year of arrival in Australia (If applicable):

Residential Address:

Usual Occupation during working life:

Retired? Yes ☐ No ☐ Pensioner? Yes ☐ No ☐ Type:

Aboriginal / Torres Strait Islander: No ☐ Yes → Aboriginal ☐ Torres Strait Islander ☐ Both ☐

## CURRENT RELATIONSHIP STATUS OF THE DECEASED PERSON:

Married ☐ Divorced ☐ Domestic Partner ☐ Registered Relationship ☐  
Never Married ☐ Widowed ☐ Unknown ☐

List all Marriages of the deceased person starting with the first to the most recent.  
(Registered relationships or Domestic Partners included.)

### 1. Place of Marriage: (suburb/town, state, country)

Date of Marriage:

Age when married:

Given names of Spouse or Partner:

Surname of Spouse or Partner:

Surname at birth of Spouse or Partner:

### 2. Place of Marriage: (suburb/town, state, country)

Date of Marriage:

Age when married:

Given names of Spouse or Partner:

Surname of Spouse or Partner:

Surname at birth of Spouse or Partner:

### 3. Place of Marriage: (suburb/town, state, country)

Date of Marriage:

Age when married:

Given names of Spouse or Partner:

Surname of Spouse or Partner:

Surname at birth of Spouse or Partner:

Did the deceased have any children? No ☐ Yes ☐ How many children? \_\_\_\_\_

List the current full names and birth surnames of all the deceased person's children (including any legally adopted children). List the names in order of their birth from oldest to youngest. List their date of birth and age. If the child is deceased, enter 'D' in the age column. If not born alive, enter 'SB' (stillborn) in age column.

Full Name Of Child (Include current surname)	Birth Surname	Date of Birth	Age

PARENT DETAILS OF THE DECEASED PERSON:

Father/Parent's Surname: \_\_\_\_\_

Father/Parent's Given Name(s): \_\_\_\_\_

Occupation during working life: \_\_\_\_\_

Date of Birth (If known): \_\_\_\_\_

Mother/Parent's Surname: \_\_\_\_\_

Mother/Parent's Surname at Birth (Maiden Name): \_\_\_\_\_

Mother/Parent's Given Name(s): \_\_\_\_\_

Occupation during working life: \_\_\_\_\_

Date of Birth (If known): \_\_\_\_\_

INFORMANT:

Information Supplied By (Full Name): \_\_\_\_\_

Relationship to deceased person: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN COMPLETED FORM TO MICHAEL CRAWFORD FUNERALS VIA OPTIONS BELOW:

IN PERSON: 226 Main St, Bacchus Marsh Office EMAIL: michaelcrawfordfunerals@gmail.com FAX: 4367 7616