
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

Please Circle: MR MRS MS MISS OTHER

Given Name(s):

Surname (Current - At time of death):

Maiden Name (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:

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:

Given names of Spouse or Partner:

Current Surname of Spouse or Partner:

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

Date of Marriage:

Given names of Spouse or Partner:

Current Surname of Spouse or Partner:

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

Date of Marriage:

Given names of Spouse or Partner:

Current Surname 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.

<u>Full Name of Child - Include Current Surname</u>	<u>Birth Surname / Maiden Name</u>	<u>Date of Birth</u>	<u>Age</u>

PARENT DETAILS OF THE DECEASED PERSON:

Father/Parent's SURNAME: _____

Father/Parent's GIVEN NAME(S): _____

Occupation during working life: _____

Mother/Parent's SURNAME: _____

Mother/Parent's MAIDEN NAME: _____

Mother/Parent's GIVEN NAME(S): _____

Occupation during working life: _____

INFORMANT:

Information Supplied By (Full Name): _____

Relationship to deceased person: _____

Address: _____

Contact Phone Number: _____

Email Address: _____

Signature: _____ **Date:** _____

RETURN COMPLETED FORM TO MICHAEL CRAWFORD FUNERALS VIA OPTIONS BELOW
Office: 226 Main St, Bacchus Marsh Email: michaelcrawfordfunerals@gmail.com Fax: 4367 7616