Example of state/territory mortality data forms: Queensland death registration application form



OFFICE USE ONLY					
Birth Registration No.	Date Received	District Code	Registration Number		
If deceased is less than 2 yrs)					

Births, Deaths and Marriages Registration Act 2003 (Section 29) **DEATH REGISTRATION APPLICATION**

- The above Act requires that this form be completed and given to the Registrar-General within 14 days after the death or the death is discovered. It may be delivered to the Registry of Births, Deaths and Marriages in Brisbane or posted to PO Box 188, Brisbane Albert Street, QLD, 4002.
 Any person who knowingly make any false statement touching any matter required by law to be registered is liable to imprisonment for THREE YEARS. (Section 501, Criminal Code)
- All items marked with an asterisk (*) are for statistical or administrative purposes only. These items will not appear in the Register of Deaths.

Please use BLOCK LETTERS. If details are unknown, write "UNKNOWN".

Details of Deceased	Details of Deceased (Continued)	
(First names)	Marital status of the deceased	
Name (Surname) Sex Ma Female	Never Married	
Date of Burd () known*) / / Age at date of death	If Widow/Widower insert date of death of wife/husband* Place of death of wife/husband*	
Years Months D	Town/City State/Country	
Place of death (Name of Hospital or nursing home and locality, otherwill address) Office only Usual residence of the deceased (in full)*	Marriage Details (if applicable)	
Postcode	Town/City	
Usual occupation during working life (For example Childcare A Music Teacher, Electrician, Clerk etc.)	buildeoundy	
Retired at date of death?* Yes No	Deceased's age at date of Marriage Name of husband or wife (give full name at date of marriage)	
Place of Birth (Enter town or city and Australian state or if born over enter town or city and country.	First Names	
Town/City	Surname	
State/Country	Second Marriage	
If born overseas, in what year did the deceased first arrive in Australia?	Place of Marriage Town/City	
Was the deceased of Aboriginal or Torres Strait Islander origin?* (If of both Aboriginal and Torres Strait Islander origin, tick be "Yes" boxes.)	State/Country Deceased's age at date of Marriage Year	
No	Name of husband or wife (give full name at date of marriage)	
Yes, Aboriginal origin	First Names	
Yes, Torres Strait Islander origin	Surname	

Queensland death registration application form (continued)

Third Mar	riage			Certification by Informant
Place of Ma	arriage	1. A	anser IX	I certify that the information shown on this form
Town/City				correct for the purpose of being inserted in the Register of Deaths.
State/Country Deceased's age at date of Marriage Years		Signature of Informant Date / / Initials and Surname of informat		
				isband or wife (give full
First Names				Initials and Surname of informat
Surname				and the summer of the summer o
Childre Include legal Enter in order If not born ali	en of Decease ly adopted Children.) of birth. If deceased enter ive (stillborn) enter "SB" in n of Deceased write "None"	r "D" in age column. i age column.		Relationship to deceased Resider tall Address (not a Postal Box address)
First Name		Date of birth*	Age	
		1 1		
		1 1		Postcode Daytime telephone number in case of queries
		1 1		()
		1 1		Signature of witness
		1 1		organitie of withess
		1 1		Date / /
		1 1		Daytime telephone number in case of queries
		1 1		()
		/ /		
		1 1		The collection of the information on this form is authorised
Father	of Deceased		4 10	the Births, Deaths and Marriages Registration Act 2003. It used for the purpose of the Act which include registering
Father's	(First names)			deaths in Queensland and issuing death certificates.
Name (Surname)			Access to this information or to a certificate may be grant any person who has an adequate reason to obtain it, or wh	
	pation during working	g life (For example Ele	ectrician,	meets the requirements of the Registrar-General's access policy. To obtain details about the access policy and rights
Clerk etc.)				access to this information please contact the Registry on (C
Mothor	of Deceased	h . '		3247 9203 or view the general information on the Registry web site (www.justice.qld.gov.au)
Mother of Deceased Mother's (First names) Name		The information on this form may also be provided to law		
			enforcement agencies and to government and non-governr agencies for verification of data and for statistical, commu	
Henal ocen	(Maiden Surname) [Sual occupation during working life (For example, Childcare)		ildones	planning and medical research purposes.
Aide, Music T		; IIIe (101 example: Ci	unicure	
Name a	and Address	of Undertak	(er*	
How was th	he cause of death certi	fied?*		
Cause of D	eath Certificate issued			
Cause Of D	Or			
Autopsy ordered by Coroner				