Government of **Western Australia**
Department of **Justice**

# DEATH INFORMATION SHEET

BDM207
Internal Use Only

## SUMMARY

**Surname** | **Surname Alias** (also known as)

**Given Name(s)** | **Given Name Alias** (also known as)

**Date of Death** / /20 Circle if applicable 🛏 ? ≅ Found on / Unknown / About **Sex** Enter as: **F** (female), **M** (male), **U** (unknown), **I** (indeterminate)

## FUNERAL DIRECTOR INFORMATION

**SR Number** System generated / to be allocated **Your Reference** Optional

**Certificate Order** **Enter No.** Complete C Incomplete Post P Collect Priority

## DETAILS OF DECEASED

**Place of Death**

Building/Hospital Name

Street No. and Name

Suburb/Town Postcode

State Country Australia

**Usual Residence "x"** if same as Place of Death Go to Place of Birth

WA Australia

**Place of Birth**

Suburb/Town State

Country

**Date of Birth** / / Unknown / About ? ≅

**Age** Years ? ≅

Enter as number in completed units

Enter type as either Days, Hours, Minutes, Not Born Alive, Seconds, Years

**Usual occupation during working life**

**Residency in Australia** (if born overseas)

Year Arrived in Australia ? Number of Years ?

**Aboriginal or Torres Strait Islander Origin**

Circle as applicable: No | Aboriginal | Torres Strait | Aboriginal and TSI | Unknown

## FAMILY DETAILS

**Marriage Details**

**Marital Status** Divorced Married Never Married Unknown Widowed

| Spouse Surname | Spouse Given Name | Date of Marriage | (Unknown/About) | Place (Suburb-Town / State / Country) |
|---|---|---|---|---|
| | | / / | ? ≅ | |
| | | / / | ? ≅ | |
| | | / / | ? ≅ | |
| | | / / | ? ≅ | |

**De facto Spouse's Name** (At deceased's time of death) Surname Given Names

**Children of Deceased** – Show details of all children in order of birth, whether or not deceased was ever married. Include legally adopted and deceased children. If deceased is "Not Born Alive" enter "NBA" in the Age column.

| Given Names | Date of Birth | (Unknown/About) | Age | (Unknown/About) | Deceased | Sex |
|---|---|---|---|---|---|---|
| | / / | ? ≅ | | ? ≅ | | |
| | / / | ? ≅ | | ? ≅ | | |
| | / / | ? ≅ | | ? ≅ | | |
| | / / | ? ≅ | | ? ≅ | | |
| | / / | ? ≅ | | ? ≅ | | |
| | / / | ? ≅ | | ? ≅ | | |

## FAMILY DETAILS – Parents Details

**Parent One** Select one of the following Mother | Father | Parent

Surname | Maiden Surname (if applicable)

Given Names | Usual Occupation

**Parent Two** Select one of the following Mother | Father | Parent

Surname | Maiden Surname (if applicable)

Given Names | Usual Occupation

## DETAILS OF BURIAL/CREMATION SERVICE, DELIVERY OR TRANSPORTATION

Select one of the following: **Burial/Cremation/Mausoleum** **School of Anatomy** **Transportation**

**Date** / /20 Enter - Date of Burial/Cremation Service **OR** Date of Delivery to the School of Anatomy

**Cemetery Name**

**Transportation** – Enter 'X' if body held at Informant's Funeral Home - Go to transportation destination

Place body held pending transportation

Transportation Destination For Burial | Cremation | Disposal

## CAUSE OF DEATH – DEATH CERTIFICATION

Select one of the following: **Medical Certificate** **Coronial Inquiry**

**Doctor's Name** **Dr** **Date Dr last saw deceased live** / /20

## INFORMATION PROVIDER

**Informant Name** **Company/Branch** Perth

**Address** 197 Collier Road, Embleton WA 6062

## DECEASED INFORMATION PROVIDED BY (person who supplied details of the deceased e.g. family member, executor)

**Surname** **Given Names**

**Relationship to Deceased**

**Postal Address** Street No. & Name

Suburb/Town Postcode

State Western Australia Country Australia

**Contact Details** Phone Number Email

I certify that the information provided is, to the best of my knowledge and belief, true and correct for the purpose of being inserted in the Register of Deaths. I understand that it is an offence to make a false or misleading statement in any application or document under the *Births, Deaths and Marriages Registration Act 1998*.

**Signature of person who supplied information**

**Date** / /20