

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)			

(Form 8)
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	
Name	(First names)
	(Surname)
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Death	/ /
Date of Birth (known*)	/ /
Age at date of death	
Years	Months Days
Place of death (Name of Hospital or nursing home and locality, otherwise full address)	
	Office Use only
Usual residence of the deceased (in full)*	
	Postcode
Usual occupation during working life (For example Childcare Aide, Music Teacher, Electrician, Clerk etc.)	
Retired at date of death?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Place of Birth (Enter town or city and Australian state or if born overseas enter town or city and country.)	
	Town/City
	State/Country
If born overseas, in what year did the deceased first arrive in Australia?	
Was the deceased of Aboriginal or Torres Strait Islander origin?*	
(If of both Aboriginal and Torres Strait Islander origin, tick both "Yes" boxes.)	
No.....	<input type="checkbox"/>
Yes, Aboriginal origin.....	<input type="checkbox"/>
Yes, Torres Strait Islander origin.....	<input type="checkbox"/>

Details of Deceased (Continued)	
Marital status of the deceased	
Never Married.....	<input type="checkbox"/> Married..... <input type="checkbox"/>
Widow/Widower.....	<input type="checkbox"/> Divorced..... <input type="checkbox"/>
De Facto.....	<input type="checkbox"/> Unknown..... <input type="checkbox"/>
If Widow/Widower insert date of death of wife/husband*	
	/ /
Place of death of wife/husband*	
	Town/City
	State/Country
Marriage Details (if applicable)	
(If more than three, provide other details on a separate page. Do not include details of any de facto relationships)	
First Marriage	
Place of Marriage (Enter town or city and Australian state or if married overseas enter town or city and Country.)	
	Town/City
	State/Country
Deceased's age at date of Marriage	Years
Name of husband or wife (give full name at date of marriage)	
	First Names
	Surname
Second Marriage	
Place of Marriage	
	Town/City
	State/Country
Deceased's age at date of Marriage	Years
Name of husband or wife (give full name at date of marriage)	
	First Names
	Surname

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