

Form 8 (Version 9)

Death registration application

Office use only
Registration details

Effective as of 24/06/2024
Births, Deaths and Marriages Registration Act 2023 (Sections 92 and 97)

Please read and complete the checklist attached before signing the declaration. Print clearly and do not use block letters or correction fluid/tape. If you make a mistake, initial the correction.

1. Deceased's name *At time of death*

Deceased's name shown on their current ID

First name	
Middle name(s) <i>if any</i>	
Family name	

Other name deceased is currently known as in the community *If different to the name above—do not include nicknames*

First name <i>known as</i>	
Middle name(s) <i>if any known as</i>	
Family name <i>known as</i>	

2. Deceased's details *At time of death*

Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another term: <i>please specify</i>		
Date of death	DD / MM / YYYY		
Date of birth* <i>if known</i>	DD / MM / YYYY	Age	___ years ___ months ___ days
Place of death <i>address</i> <i>hospital, nursing home etc</i>		Postcode	
Home address* <i>street and</i> <i>suburb, not post box</i>		Postcode	
Usual occupation <i>main job during</i> <i>working life, including home duties</i>			
Was the deceased retired?*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Place of birth			
Town or city			
Australian state or territory			
Country <i>if born overseas</i>			
If born overseas, in what year did the deceased first arrive in Australia?	YYYY		
Was the deceased of Aboriginal or Torres Strait Islander origin?*			
<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Both, Aboriginal and Torres Strait Islander <input type="checkbox"/> No			

3. Relationship status *At the time of death*

What was the relationship status of the deceased at the time of death?
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Civil partnership <input type="checkbox"/> De facto relationship <input type="checkbox"/> Never married <input type="checkbox"/> Unknown

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4. Relationship history

List all marriages, civil partnerships or de facto relationships of the deceased starting with the earliest. If more than four, attach more details separately.

Relationship 1

Type of relationship	<input type="checkbox"/> Marriage <input type="checkbox"/> Civil partnership <input type="checkbox"/> De facto relationship
Deceased's age at time of marriage or civil partnership, or when the de facto couple first began living together	_____ years
Name of spouse or partner At time of event	
First name	
Middle name(s) if any	
Family name	
Place of event For de facto relationships, enter the place the couple first lived together	
Town or city	
Australian state or territory	
Country if overseas	

Relationship 2

Type of relationship	<input type="checkbox"/> Marriage <input type="checkbox"/> Civil partnership <input type="checkbox"/> De facto relationship
Deceased's age at time of marriage or civil partnership, or when the de facto couple first began living together	_____ years
Name of spouse or partner At time of event	
First name	
Middle name(s) if any	
Family name	
Place of event For de facto relationships, enter the place the couple first lived together	
Town or city	
Australian state or territory	
Country if overseas	

Relationship 3

Type of relationship	<input type="checkbox"/> Marriage <input type="checkbox"/> Civil partnership <input type="checkbox"/> De facto relationship
Deceased's age at time of marriage or civil partnership, or when the de facto couple first began living together	_____ years
Name of spouse or partner At time of event	
First name	
Middle name(s) if any	
Family name	
Place of event For de facto relationships, enter the place the couple first lived together	
Town or city	
Australian state or territory	
Country if overseas	

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Relationship 4	
Type of relationship	<input type="checkbox"/> Marriage <input type="checkbox"/> Civil partnership <input type="checkbox"/> De facto relationship
Deceased's age at time of marriage or civil partnership, or when the de facto couple first began living together	____ years
Name of spouse or partner At time of event	
First name	
Middle name(s) if any	
Family name	
Place of event For de facto relationships, enter the place the couple first lived together	
Town or city	
Australian state or territory	
Country if overseas	

5. Parents' details	
Are the father or registered parent's details known?*	<input type="checkbox"/> Yes (continue completing this section) <input type="checkbox"/> No (go to mother or registered parent details)
Tell us how the father or parent is to be shown on the death certificate	<input type="checkbox"/> Father <input type="checkbox"/> Parent <input type="checkbox"/> Mother
First name	
Middle name(s) if any	
Current family name or at their death	
Family name at their birth	
Usual occupation main job during working life, including home duties	
Are the mother or registered parent's details known?*	<input type="checkbox"/> Yes (continue completing this section) <input type="checkbox"/> No (go to section 6)
Tell us how the mother or parent is to be shown on the death certificate	<input type="checkbox"/> Mother <input type="checkbox"/> Parent <input type="checkbox"/> Father
First name	
Middle name(s) if any	
Current family name or at their death	
Family name at their birth	
Usual occupation main job during working life, including home duties	

6. Children's details	
Did the deceased have any children?	<input type="checkbox"/> Yes (continue completing this section) <input type="checkbox"/> No (go to section 7)
<ul style="list-style-type: none"> • Enter in order of birth with the oldest child first • Include any legally adopted children—do not include stepchildren • If more than 12 children, attach their details separately. 	
Child 1 The oldest	
First name	
Middle name(s) if any	
Date of birth*	DD / MM / YYYY <input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn
Child 2	
First name	
Middle name(s) if any	
Date of birth*	DD / MM / YYYY <input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn

Child 3		
First name		
Middle name(s) <i>if any</i>		
Date of birth*	DD / MM / YYYY	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn
Child 4		
First name		
Middle name(s) <i>if any</i>		
Date of birth*	DD / MM / YYYY	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn
Child 5		
First name		
Middle name(s) <i>if any</i>		
Date of birth*	DD / MM / YYYY	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn
Child 6		
First name		
Middle name(s) <i>if any</i>		
Date of birth*	DD / MM / YYYY	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn
Child 7		
First name		
Middle name(s) <i>if any</i>		
Date of birth*	DD / MM / YYYY	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn
Child 8		
First name		
Middle name(s) <i>if any</i>		
Date of birth*	DD / MM / YYYY	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn
Child 9		
First name		
Middle name(s) <i>if any</i>		
Date of birth*	DD / MM / YYYY	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn
Child 10		
First name		
Middle name(s) <i>if any</i>		
Date of birth*	DD / MM / YYYY	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn
Child 11		
First name		
Middle name(s) <i>if any</i>		
Date of birth*	DD / MM / YYYY	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn
Child 12 <i>The youngest</i>		
First name		
Middle name(s) <i>if any</i>		
Date of birth*	DD / MM / YYYY	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn

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7. Burial or cremation notice

How were the remains of the deceased disposed of?*		<input type="checkbox"/> Burial	<input type="checkbox"/> Cremation
Name of cemetery or crematorium			
Name of minister or reader <i>initials and family name</i>			
Denomination		Date of burial or cremation	DD / MM / YYYY
If the funeral or cremation happened outside Queensland <i>You must complete and attach a Form 12 and complete the information below</i>			
Place of burial or cremation* <i>outside of Queensland</i>			
Date of burial or cremation* <i>outside of Queensland</i>	DD / MM / YYYY		

8. Certification by funeral director

How was the cause of death certified?		<input type="checkbox"/> Cause of death certificate issued	<input type="checkbox"/> Autopsy ordered by coroner
Name of funeral director <i>initials and family name</i>			
Name of firm*			
Firm's address*		Postcode	
*Contact number <i>daytime number</i>			
*Email			
Signature* <i>of funeral director</i>			

*By providing an email address and mobile number, I consent to RBDM contacting me electronically about this application. I understand that it is my responsibility to ensure that I have nominated a secure email address and phone number, and to ensure the security of information after I receive it.

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9. Declaration

I certify that the information on this form is correct for the purpose of being inserted in the Register of Deaths

Relationship to deceased	<input type="checkbox"/> Spouse/partner	<input type="checkbox"/> Child	<input type="checkbox"/> Parent	<input type="checkbox"/> Other: <i>please specify</i>
First names				
Family name				
Home address <i>Street, suburb, state</i>				Postcode
*Contact number <i>daytime number</i>				
*Email				
Signature*				
Date*				

*By providing an email address and mobile number, I consent to RBDM contacting me electronically about this application. I understand that it is my responsibility to ensure that I have nominated a secure email address and phone number, and to ensure the security of information after I receive it.

Privacy notice

The Department of Justice and Attorney-General is collecting your personal information for the purpose of processing the death registration under sections 92 and 97 of the *Births, Deaths and Marriages Registration Act 2023*. The information on this form may be provided to law enforcement agencies and to government and non-government agencies for verification of the data. Access to this information or a certificate may be granted to any person who has adequate reason to obtain it, or who meets the requirements of the access policy. To obtain details about the access policy and rights of access to this information contact the registry on **13QGOV (13 74 68)**, international callers **+61 7 3022 6100** (+10 hours UTC). For general information about the registry visit **www.qld.gov.au/rbdm**.

All items marked with an asterisk(*) are for statistical, administrative and community planning purposes and will not appear in the Registers.