#### **Certificate entitlement**

This application form can only be used if the death occurred in NSW. If you are the next of kin named on the death certificate, i.e. spouse (married/defacto/same sex defacto), parent or child of the deceased, the death certificate can be issued to you. If you are a relative not listed on the certificate, the certificate can be issued to you if the deceased had no living spouse, children or parents.

#### If you DO meet the above criteria, you must provide:

1 Three (3) copies of your own identification (see below).

#### If you DO NOT meet the above criteria, you must provide:

- 1 A letter giving permission from the next of kin. Please include their address, daytime telephone number and signature.
- 2 Three (3) copies of identification from the next of kin (see below).
- 3 Three (3) copies of your own identification (see below).

## Identification

Please provide at least three (3) forms of identification, one of each from categories 1, 2 and 3. If you are unable to provide identification from categories 1 and 2, you must still provide at least three (3) forms of identification. At least two (2) of these must be from category (3).

All documents except foreign passports must be current.

O al a married	0-1				
Category 1	Category 3				
<ul> <li>If born in Australia:</li> <li>An Australian birth certificate</li> <li>Record of immigration status:</li> <li>Citizenship certificate</li> <li>New Zealand citizenship certificate</li> <li>New Zealand birth certificate</li> </ul>	<ul> <li>Medicare card</li> <li>Credit or debit card</li> <li>Centrelink or Department of Veterans Affairs card</li> <li>Security guard/ Crowd control licence</li> <li>Tertiary education Institution ID card</li> </ul>				
Category 2	Category 4				
<ul> <li>Australian driver's licence</li> <li>Australian passport</li> <li>Firearms licence</li> <li>Foreign passport</li> <li>Proof of age card</li> </ul>	<ul> <li>Recent utility account with current residential address</li> </ul>				

## Your right to privacy

To protect your privacy, the Registry requires proof of your identity. In line with the *NSW Births, Deaths and Marriages Registration Act 1995* and the *Privacy and Personal Information Protection Act 1998*, the Registry collects information to determine your eligibility to obtain a certificate and to prevent fraud. Information may be used for statistical purposes and by law enforcement agencies, and other uses by law. For more information on privacy please visit our website.

## **Disclosure of information**

When you complete this application form, understand that you have consented to the release of information provided by you, to those agencies who may be able to validate that information in support of your application.

This information may be provided to agencies including (but not limited to) other Registries of Births, Deaths & Marriages, law enforcement agencies, Department of Foreign Affairs and Trade (DFaT), Department of Immigration and Border Protection (DIBP), and motor vehicle or driver licensing authorities. Usually these referrals will be to simply verify the documents or other evidence that you have provided us in making your application for a certificate. If there are discrepancies, we may require you to correct any errors with the issuing agency, before being able to process your application. It is extremely important that all your identity documents are accurate and reflect your correct identity information.

Documents provided as proof of identity may have their authenticity verified through the online Certificate Validation Service (CertValid) and the National Document Verification Service (DVS). Documents issued by this office may also be verified by other organisations using CertValid and/or DVS.

Lodging by post	Lodging in person					
GPO Box 30 SYDNEY	To find a Registry office, visit: www.bdm.nsw.gov.au					
NSW 2001	To find a Service NSW centre, visit: <b>www.service.nsw.gov.au</b>					
	Phone: 13 77 88 NRS: 1300 555 727					



# **Death Certificate** Application



# Death Certificate Application NSW Registry of Births Deaths & Marriages ABN 30 854 211 521 GPO Box 30 Sydney NSW 2001 Tel: 13 77 88

Your certificate will be mailed to you if your application was received by post and will incur a postage and handling fee. See separate 'Fees for Products and Services' flyer.												
Please PRINT clea	arly in BLACK	pen. Sta	rt at the I	eft. Pl	ease complete	all	details.					
Is your application Please specify th				÷								
Standard death	n certificate (Q	ty)	I	nternat	tional Express Po	st						
Reason certificate i (e.g. probate, executor)	is required						elationship to the dec n, mother, executor)	ceased				
APPLICANT'S DE	TAILS (details	of person	completin	g this	form). Please pro	ovide	copies of 3 forms of a	current id	entification	with your a	applicatio	n.
Family name												
First given name				(	Other given nam	e(s)						
Company name (If applicable)							Company reference r (If applicable)	number				
Address							,	Suburb/	Town/City			
State/Territory					Postcode			Country				
Delivery Address									Town/City			
(If different from above)									-			
State/Territory				P(	ostcode			Country				
Contact number				E	mail address							
Signature of applicant							I certify that I unders on <i>Identification, P</i> the information I ha	rivacy &	Disclosure	and that		
DETAILS OF DEAT												
Date of death*			Age at de	aath			Registration number					
	/	/	_	Jahr	, ,	(/	f known)				/	
*If date unknown, p (Note, each extra 10 yea	ar search or part th		From a cost)	,	/ /		0 / /					
Names of register	ed person											
Family name of deceased						ŀ	amily name at birth					
First given name						C	)ther given name(s)					
Place of death (Suburb/Town/City)												
Spouse details						_						
Family name (Current)						F	amily name at birth					
First given name						C	)ther given name(s)					
Parent 1 details						_						
Family name (Current)						F	amily name at birth					
First given name						C	Other given name(s)					
Parent 2 details												
Family name (Current)							amily name at birth					
First given name						C	)ther given name(s)					
PAYMENT DETAIL	S (complete th	is section	for mail ac	plicati	ons only). For sc	:hedi	le of fees, see Fees fo	or Produc	t and Servi	ces flver.		
Enclosed is a chequ		_					_	asterCar				
Card number												
Name of cardholder									Expiry da	ate	/	
Signature of cardholder							Cheques payable to the ersonal/company che					
									Re   Re	gistry o	f Births	

Date Issued



02/14