

Death registration application

Before submitting your application

- ☐ I am not an authorised service provider (funeral director) and have been unable to complete this form online at **www.qld.gov.au/rbdm**.
- ☐ The deceased person passed away in Queensland.
- ☐ I have read the important information below.
- ☐ I have completed the application form in full.
- ☐ The funeral director who made the arrangements has signed section 8 of the application form.
- ☐ I have signed section 9 of the application form.

Important information

In Queensland, normally a funeral director will submit the death registration to us online or by post, within 14 days.

If you choose to make the funeral arrangements for your relative or friend yourself, instead of using a funeral director, you should contact us for more information about how to register the death.

Where an Australian relative or friend passed away overseas and their death needs to be registered, you should contact the registry in the state or territory where they lived or owned property for more information.

For general information about the registry visit **www.qld.gov.au/rbdm**. Contact the registry within Australia **13QGOV (13 74 68)**, international callers **+61 7 3022 6100** (+10 hours UTC).

Submitting your application

Registration will take longer if the form is not completed in full. Submit your application form either:

- by post to **Registry of Births, Deaths and Marriages, PO Box 15188, CITY EAST QLD 4002**
- in person take the completed application form to the Brisbane registry customer service centre at Level 32, 180 Ann Street, Brisbane; your nearest Queensland Magistrates Court (except the Brisbane Magistrates Court); or Queensland Government Agent Program (QGAP) office.



Form 8 (Version 9)

Death registration application

Effective as of 24/06/2024

Births, Deaths and Marriages Registration Act 2023 (Sections 92 and 97)

Office use only

Registration details

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) if any	
Family name			
Other name deceased is currently known as in the community			
If different to the name above—do not include nicknames			
First name known as		Middle name(s) if any known as	
Family name known as			

2. Deceased's details

At time of death

Sex

☐ Male ☐ Female ☐ Another term: please specify

Date of death

DD / MM / YYYY

Date of birth* if known

DD / MM / YYYY

Age

___ years ___ months ___ days

Place of death address

hospital, nursing home etc

Postcode

Home address* street and suburb, not post box

Postcode

Usual occupation main job during working life, including home duties

Was the deceased retired?*

☐ Yes ☐ No

Place of birth

Town or city

Australian state

Country if born overseas

If born overseas, in what year did the deceased first arrive in Australia?

YYYY

Was the deceased of Aboriginal or Torres Strait Islander origin?*

☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Both, Aboriginal and Torres Strait Islander ☐ No

3. Relationship status

At the time of death

What was the relationship status of the deceased at the time of death?

☐ Married ☐ Divorced ☐ Widowed

☐ Civil partnership ☐ De facto relationship ☐ Never married ☐ Unknown

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

☐ Marriage ☐ Civil partnership ☐ De facto relationship

Deceased's age

___ years

at time of marriage or civil partnership, or when the de facto couple first began living together

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Name of spouse or partner <i>At time of event</i>			
First name		Middle name(s) if any	
Family name <i>at time of event</i>			
Place of event <i>For de facto relationships, enter the place the couple first lived together</i>			
Town or city		Australian state	
Country <i>if overseas</i>			

Relationship 2			
Type of relationship	<input type="checkbox"/> Marriage <input type="checkbox"/> Civil partnership <input type="checkbox"/> De facto relationship		
Deceased's age	___ years	<i>at time of marriage or civil partnership, or when the de facto couple first began living together</i>	
Name of spouse or partner <i>At time of event</i>			
First name		Middle name(s) if any	
Family name <i>at time of event</i>			
Place of event <i>For de facto relationships, enter the place the couple first lived together</i>			
Town or city		Australian state	
Country <i>if overseas</i>			

Relationship 3			
Type of relationship	<input type="checkbox"/> Marriage <input type="checkbox"/> Civil partnership <input type="checkbox"/> De facto relationship		
Deceased's age	___ years	<i>at time of marriage or civil partnership, or when the de facto couple first began living together</i>	
Name of spouse or partner <i>At time of event</i>			
First name		Middle name(s) if any	
Family name <i>at time of event</i>			
Place of event <i>For de facto relationships, enter the place the couple first lived together</i>			
Town or city		Australian state	
Country <i>if overseas</i>			

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

5. Parents' details			
Are the father or registered parent's details known?*		<input type="checkbox"/> Yes <i>(continue completing this section)</i> <input type="checkbox"/> No <i>(go to mother or registered parent details)</i>	
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 <i>or at their death</i>			
Family name <i>at their birth</i>			
Usual occupation <i>main job during working life, including home duties</i>			

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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)
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- Enter in order of birth with the oldest child first
- Include any legally adopted children—do not include stepchildren
- If more than 10 children, attach their details separately.

Child 1 <i>The oldest</i>			
First name(s)			
Date of birth*	DD / MM / YYYY	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn	
Child 2			
First name(s)			
Date of birth*	DD / MM / YYYY	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn	
Child 3			
First name(s)			
Date of birth*	DD / MM / YYYY	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn	
Child 4			
First name(s)			
Date of birth*	DD / MM / YYYY	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn	
Child 5			
First name(s)			
Date of birth*	DD / MM / YYYY	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn	
Child 6			
First name(s)			
Date of birth*	DD / MM / YYYY	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn	
Child 7			
First name(s)			
Date of birth*	DD / MM / YYYY	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn	
Child 8			
First name(s)			
Date of birth*	DD / MM / YYYY	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn	
Child 9			
First name(s)			
Date of birth*	DD / MM / YYYY	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Stillborn	
Child 10			
First name(s)			
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	<input type="checkbox"/> Other: please specify
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>		

9. Declaration *Informant should be the deceased's spouse (or relative)—not the Funeral Director, unless there is a valid reason*

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	<input type="checkbox"/> Partner	<input type="checkbox"/> Child	<input type="checkbox"/> Parent	<input type="checkbox"/> Other: please specify
First name		Middle name(s) if any			
Family name					
Home address <i>Street, suburb, state</i>		Postcode			
Contact number <i>daytime number</i>					
Email					
Signature*					
Date*	DD / MM / YYYY				

By providing an email address and contact 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.