

## 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:

- Three forms of your own ID (see below).

### If you DON'T meet the above criteria, you must provide:

- A Letter of Authority (available at: [www.bdm.nsw.gov.au](http://www.bdm.nsw.gov.au)) giving permission from the next-of-kin. Please include their address, phone number and signature.
- Three forms of ID from the next-of-kin (see below).
- Three forms of your own ID (see below).

## Identification (ID)

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

All documents except foreign passports must be current.

Category 1	Category 3
<p><b>If born in Australia:</b></p> <ul style="list-style-type: none"><li>An Australian birth certificate</li></ul> <p><b>Record of immigration status:</b></p> <ul style="list-style-type: none"><li>Citizenship certificate</li><li>New Zealand citizenship certificate</li><li>New Zealand birth certificate</li></ul>	<ul style="list-style-type: none"><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 style="list-style-type: none"><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 style="list-style-type: none"><li>Recent utility account with current residential address</li></ul>

## Disclosure of information

When you complete this application form, understand that you have consented to the release of information provided, to those agencies who may be able to validate the information in support of your application. More information: [www.bdm.nsw.gov.au](http://www.bdm.nsw.gov.au)

## 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. Please read the **Your Right to Privacy** policy on our website.

<b>Online</b> You can lodge this application online at: <a href="http://www.bdm.nsw.gov.au">www.bdm.nsw.gov.au</a>	<b>Lodging by post</b> GPO Box 30 SYDNEY NSW 2001
<b>Lodging in person</b> Registry office locations Monday to Friday 8am–4.30pm <ul style="list-style-type: none"><li>35 Regent St, Chippendale</li><li>160 Marsden St, Parramatta</li></ul> or at Service NSW service centres <a href="http://www.service.nsw.gov.au">www.service.nsw.gov.au</a>	<b>Phone: 13 77 88</b> Service NSW Monday to Friday (7am–7pm) Hearing/Speech impaired <ul style="list-style-type: none"><li>TTY/Voice Call 133 677</li><li>NRS 1300 555 727</li></ul> Translating and Interpreting <ul style="list-style-type: none"><li>TIS National 131 450</li></ul>

# Death Certificate Application

YOU CAN COMPLETE THIS APPLICATION ONLINE AT:  
[bdm.nsw.gov.au](http://bdm.nsw.gov.au)



Justice

Registry of Births  
Deaths & Marriages

YOU CAN COMPLETE THIS APPLICATION ONLINE AT: [bdm.nsw.gov.au](http://bdm.nsw.gov.au)

Your certificate will be mailed to you if your application was received by post and will incur a postage and handling fee.  
**PRINT** clearly in **BLACK** pen and complete all details.

**Do you require Priority processing of your application?** Yes  Fee applies, see separate 'Fees for Products and Services' flyer.

Please specify the quantity you wish to receive e.g.

Standard death certificate  International Registered Post   
Reason certificate is required  (e.g. probate, executor) Your relationship to the deceased  (e.g. son, mother, executor)

### APPLICANT'S DETAILS (details of person completing this form). Please provide copies of 3 forms of current identification with your application.

Family name	<input type="text"/>		
First given name	<input type="text"/>	Other given name(s)	<input type="text"/>
Company name <small>(If applicable)</small>	<input type="text"/>	Company reference number <small>(If applicable)</small>	<input type="text"/>
Address	<input type="text"/>		Suburb/Town/City <input type="text"/>
State/Territory	<input type="text"/>	Postcode <input type="text"/>	Country <input type="text"/>
Delivery Address <small>(If different from above)</small>	<input type="text"/>		Suburb/Town/City <input type="text"/>
State/Territory	<input type="text"/>	Postcode <input type="text"/>	Country <input type="text"/>
Contact number	<input type="text"/>	Email address	<input type="text"/>
Signature of applicant	<input type="text" value="X"/>		<input type="checkbox"/> I certify that I understand the provisions overpage on <b>Identification, Privacy &amp; Disclosure</b> and that the information I have provided is true and correct.

### DETAILS OF DEATH CERTIFICATE REQUIRED

Date of death*	<input type="text" value="dd / mm / yyyy"/>	Age at death	<input type="text"/>	Registration number <small>(If known)</small>	<input type="text" value=" /"/>
*If date unknown, period to be searched:	From <input type="text" value="dd / mm / yyyy"/>	To	<input type="text" value="dd / mm / yyyy"/>		

### Names of registered person

Family name of deceased	<input type="text"/>	Family name at birth	<input type="text"/>
First given name	<input type="text"/>	Other given name(s)	<input type="text"/>
Place of death <small>(Suburb/Town/City)</small>	<input type="text"/>		

### Spouse details

Family name <small>(Current)</small>	<input type="text"/>	Family name at birth	<input type="text"/>
First given name	<input type="text"/>	Other given name(s)	<input type="text"/>

### Parent 1 details

Family name <small>(Current)</small>	<input type="text"/>	Family name at birth	<input type="text"/>
First given name	<input type="text"/>	Other given name(s)	<input type="text"/>

### Parent 2 details

Family name <small>(Current)</small>	<input type="text"/>	Family name at birth	<input type="text"/>
First given name	<input type="text"/>	Other given name(s)	<input type="text"/>

### PAYMENT DETAILS (complete this section for mail applications only). For schedule of fees, see Fees for Product and Services flyer.

Total Amount \$	<input type="text" value=" ."/>	Please debit my: AMEX <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/>	OR Enclosed is a cheque*/money order <input type="checkbox"/>
Card number	<input type="text"/>		
Name of cardholder	<input type="text"/>	Expiry date	<input type="text" value="mm / yyyy"/>
Signature of cardholder	<input type="text" value="X"/>		

A surcharge applies to credit card payments at the rate of 1.4% for AMEX and 0.4% for Mastercard or Visa.