



Simple Price-Wise Cremations

INFORMATION FOR REGISTRATION OF DEATH CERTIFICATE

FULL NAME OF DECEASED _____

Residential address _____ Post Code _____

Date of death _____ Sex Male Female Doctor _____

Place of death _____ Post Code _____

Date of Birth _____ Age _____

Place of Birth _____

Aboriginal or Torres Strait Islander origin Yes No

Period of Residence in Australia (if born overseas) _____ yrs Year of Arrival _____

Occupation _____ Main Tasks _____

Religion _____ Pacemaker Yes No

Details of marriages

Never married Married Divorced Widowed Defacto

1 Place _____ Date _____ To Whom _____

2 Place _____ Date _____ To Whom _____

3 Place _____ Date _____ To Whom _____

Children's Details

Given Names Only	Sex	Date of Birth	Age	Deceased
_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Parents of the Deceased

Father's given names & surname _____

Occupation _____

Mother's given names & maiden surname _____

Occupation _____

() **Karrakatta** **Fremantle** **Pinnaroo** **Others** _____ Please note Non Attended Cremations take place at Karrakatta

Grave Details _____ Name of Previous Internment _____

Grant # _____ Grantee's Name _____

Administrators Name _____ Phone _____

Address _____ Mobile _____

_____ Email _____

_____ Post Code _____

2nd Contact Name _____ Phone _____

Email: _____ Mobile _____

Minister/Celebrant _____ Phone _____

_____ Email _____