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REGISTRATION DETAILS

Contact Name _____
Telephone _____ Fax _____ Email _____
Address _____

Name of Deceased _____

Place of Death _____ Date _____

Main Occupation _____ Retired Yes/No

Residential Address _____

Religion _____

Aboriginal Origin or Torres Strait Islander Origin No

Date of Birth _____ Age _____ Male/Female

Place of Birth _____ State _____ Country _____

If born overseas – No. of Years & Months in Australia _____

Marital Status: Single / Married / Divorced / Widowed / Separated / Defacto

Place of Marriage	Date of Marriage	To Whom
1st _____	_____	_____
2nd _____	_____	_____

Details of all children (incl. Deceased & Still Born) in order of birth

Name _____	Date of Birth _____	Age _____
Name _____	Date of Birth _____	Age _____
Name _____	Date of Birth _____	Age _____
Name _____	Date of Birth _____	Age _____
Name _____	Date of Birth _____	Age _____
Name _____	Date of Birth _____	Age _____

Deceased's Parents Details

Father

Name _____ Main Occupation _____

Mother

Name _____ Maiden name _____ Main Occ _____