



Piddingtons
Est 1899

Locally owned and operated by
LS Piddington & Sons Pty Ltd
ACN 001 177 564
ABN 18 001 177 564

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(PO Box 4424)
Armidale NSW 2350
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Funeral Directors & Monumental Craftsmen

Information Required for Registering a Death

FIRST NAME:

MIDDLE NAME:

Also known as:

LAST NAME:

FAMILY NAME AT BIRTH:

Also known as:

Sex:

Date of Birth:

Usual Residence:

Unit	Number	Street	
City		State	Postcode

Usual Occupation during working life

Main tasks usually performed in that occupation

Retired **Yes** **No**

If pension, state what type of pension. (e.g. Invalid, Aged, Veteran's)

Type **Pension No**

Medicare Number

Usual Doctor

Place of Birth

Town/City State Country

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

Are you of Aboriginal or Torres Strait Islander Origin Please Select

Neither Yes, Aboriginal origin	Both, Aboriginal & Torres Strait Islander origin Yes, Torres Strait Islander origin
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Current Marital Status

Never Married	Unknown	Separated but not Divorced
Married	Widowed	Divorced

Defacto - If selected, please select another additional option

First Marriage

Place of Marriage Date of Marriage

Name of Spouse First Names

Last Name Family Name at Birth

Widowed Divorced Unknown

Second Marriage

Place of Marriage

Date of Marriage

Name of Spouse First Names

Last Name

Family Name at Birth

Widowed

Divorced

Unknown

Third Marriage

Place of Marriage

Date of Marriage

Name of Spouse First Names

Last Name

Family Name at Birth

Widowed

Divorced

Unknown

Children

*Enter in order of birth, include legally adopted children, if deceased enter "D" in age, if not born enter "SB" in age column, if no children write Nil.

First Name, Middle Names & Last Name**Age****Date of Birth****Sex**

If there is more than 10 Children, please list them as well

Father's Name

First Name

Last Name

Family Name at Birth

Occupation

Tasks performed

Life status

Alive

Deceased

Unknown

Mother's Name

First Name

Last Name

Family Name at Birth

Occupation

Tasks performed

Life Status

Alive

Deceased

Unknown

Form Completed By

First Names

Last Name

Address

State

Postcode

Phone number

Email

You are the

Applicant

Executor

Next of Kin