My Personal Details

Surname:	Given names:						
Gender: Male Female	Date of birth:						
Residential address:							
Telephone:							
Key Contact People							
Next of kin							
Surname:	Given names:						
Address:							
Phone No.:							
Executor							
Surname:	Given names:						
Address:							
Phone No.:							
Information to be provided to Register of Births, Deaths and Marriages at the time of a funeral.							
City and Country of birth:							
If born overseas, year of arrival in Australia?							
Aboriginal or Torres Strait Islander origin? No No No							
Occupation during working life: Retired? Yes							
Marital Status: Never Married Ma	arried Divorced						
Widowed Separat	:ed						



My Personal Details

Marriages		(Details	(Details of Spouse)				
Date	OR	Age	Surname (at time of Marria	ge)	Given names		
Children							
Child's Gi	ven na	mes	Current	Surname	Gender	Date of birth	
Parents							
Father				Mother			
Surname:				Surname:			
Given nar	nes:			Given nam	nes:		
Occupation	n:			Occupatio	n:		

2 of 2

