

Prosser Scott

DEATH CERTIFICATE INFORMATION SHEET

Surname				Surname Alias		
Given Name(s)				Given Name(s) Alias		
Date of Death		Found on <input type="checkbox"/>	Unknown <input type="checkbox"/>	About <input type="checkbox"/>	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Death					Post Code	
Residential Address					Post Code	
Suburb of Birth		State			Country	
Date of Birth		Unknown <input type="checkbox"/>	About <input type="checkbox"/>	Age		Unknown <input type="checkbox"/> About <input type="checkbox"/>
Usual Occupation				during working life		
Residency in Australia (if born overseas)	Year of Arrival		Number of yrs		Unknown <input type="checkbox"/>	
Aboriginal or Torres Strait Islander Origin			No <input type="checkbox"/>	Aboriginal <input type="checkbox"/>	Torres Strait <input type="checkbox"/>	Aboriginal & TSI <input type="checkbox"/> Unknown <input type="checkbox"/>
Religion				Pacemaker	Yes <input type="checkbox"/>	No <input type="checkbox"/> Unknown <input type="checkbox"/>

DETAILS OF MARRIAGES

(Give full name at date of marriage)

Never Married <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	Unknown <input type="checkbox"/>	De facto at time of Death <input type="checkbox"/>
Surname	Given Name(s)	Date of Marriage	Unknown/About	Place (Suburb/State/Country)	
			<input type="checkbox"/> <input type="checkbox"/>		
			<input type="checkbox"/> <input type="checkbox"/>		
			<input type="checkbox"/> <input type="checkbox"/>		
			<input type="checkbox"/> <input type="checkbox"/>		
De facto's Given Name			Surname		

CHILDREN'S DETAILS

(Given Name(s))	Date of Birth	Unknown/About	Age	Unknown/About	Deceased	Sex
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		

PARENTS OF THE DECEASED

Usual Occupation (during working life)

Father's Surname			Usual Occupation		
Given Name(s)			Usual Occupation		
Mother's Surname			Maiden Surname		
Given Name(s)			Usual Occupation		
Coroner's Yes <input type="checkbox"/> No <input type="checkbox"/>	Doctor's Name, Dr		Date last seen alive		

Karrakatta ☐ Fremantle ☐ Pinnaroo ☐ Other ☐ Cremation ☐ Burial ☐

Please note Non Attended Cremations take place at Karrakatta or Fremantle

Grave Details			Grantee's Name		
Name of Previous Internment			Grant #		

ADMINISTRATOR, PERSON ARRANGING THE FUNERAL (signing the forms for the family)

Surname			Given Names		
Relationship		Email			
Address				Post Code	
Phone				Mobile	
2 nd Contact Name				Phone	
Email:				Mobile	
Minister/Celebrant				Phone	
Email				Mobile	