

DEATH CERTIFICATE REQUEST FORM

Please complete this form in **BLOCK CAPITALS** and print; handwritten forms will **delay processing**.

1. DATE OF DEATH	
2. PLACE OF DEATH	
3. FULL NAME OF DECEASED	
4. RACE	
5. SEX	
6. AGE OR DATE OF BIRTH	
7. IF FIJIAN	Mataqali
	Yavusa
	Koro
	Tikina
8. PROFESSION OR OCCUPATION	
9. MARITAL STATUS (e.g. single/married/Divorced)	
10. FULL NAME OF SPOUSE	
11. NUMBER OF ISSUE	Males _____ Females _____
12. DECEASED'S FATHER'S NAME	
13. DECEASED MOTHER'S FULL NAME AND MAIDEN NAME	
14. CAUSE OF DEATH	
15. FULL NAME OF CERTIFYING MEDICAL ATTENDANCE	
16. DATE AND PLACE BURIED / CREMATED	
17. FULL NAME AND RELIGION OF MINISTER OR FULL NAME OF TWO WITNESSES	
18. DATE PLACE REGISTERED	
19. FULL NAME OF INFORMANT	
20. SIGNATURE & DATE	
21. REGISTRATION NO. (If known)	
Official Use Only	
Revenue Receipt No. :	
Date :	

PLEASE INCLUDE A PREPAID, SELF ADDRESSED A4 SIZE (REGISTERED POST/EXPRESS POST) ENVELOPE.

A copy of any Australian Government-issued, photo ID (drivers licence, proof of age card, university student card etc) of applicant, certified by an Australian Justice of the Peace, must be included with this form.

Please include applicable fee via an Australia Post Money Order. For the current application fees please visit www.fijihighcom.com (Schedule of Fees)