



Attachments

Important information

This form can be used for the purpose of recording a customer as deceased on Roads and Maritime Services (Roads and Maritime) records. In the case of a missing person presumed dead, a 'Presumption of Death Order' issued by the Supreme Court (original or copy) must be provided to record the deceased customer.

The person seeking to notify the death must attend a registry or service centre, complete this form, provide proof of identity for themselves and provide an Roads and Maritime Acceptable Proof of Identity (POI) document of the deceased.

Please note that there are additional requirements for transfer of vehicles registered to deceased persons to prevent unauthorised transfers. For more information about Registration transfers due to death or details of acceptable POI documents, visit the Roads and Maritime website at www.rms.nsw.gov.au, go to a registry, service centre or contact our Contact Centre on 13 77 88.

1. Deceased

Name of deceased

Usual address

RMS Customer number/ NSW driver licence number/ NSW boat licence number/vessel registration number

Date of birth

Gender

Date of death

2. Death Notified by:

Name

Address

RMS Customer number/ NSW driver licence number

Date of birth

Gender

Signature

Date

3. Privacy Statement and Declaration

Roads and Maritime Services (Roads and Maritime) is collecting your personal information for the purpose of receiving your notification of the death of another person and may retain and use it to verify that the information you have provided is correct.

Roads and Maritime may disclose your personal information in order to verify the information you provided for other purposes related to the person whom you have nominated as being deceased. Otherwise Roads and Maritime will not disclose your personal information without your consent unless authorised by law.

Your personal information will be held by Roads and Maritime at 20-44 Ennis Rd, Milsons Point NSW 2061 generally you can contact the Roads and Maritime to access or correct it.

You declare that the information on this form is true and complete.

In providing this information you are stating that you understand that under Part 5A of the Crimes Act 1900 it is an offence to make a false or misleading statement and you may be prosecuted for doing so.

Signature

Date

RMS / SNSW Office Use - BUNDLE C

Mailing address checked on DRIVES (if applicable)

Stand alone or primary proof

Secondary proof

Customer Service representative signature

Document number

Identity document of the deceased Date of issue or E/Date

Staff number

Date