

## DEATH NOTICE

### About this form

This form is held by Radio Norfolk and Norfolk Island Health and Residential Aged Care Service. It is to be completed by an immediate family member or next of kin. If this is not possible, information is verbally received from family or next of kin and the form completed by a Doctor, Nurse or Radio Staff member. This form is then provided to Radio Norfolk to allow the information to be included in Local Notices.

### How to complete this form

- Ensure that all fields have been filled out correctly in BLOCK LETTERS.
- Please note that fields on this form marked with an \* are mandatory and must be completed before submitting this form.
- Once completed you may submit this form by email or in person. Please see Lodgement Details for further information.
- If there is insufficient space to provide details on this form, please attach a separate sheet(s).

### Privacy

Your personal information will be collected, stored, used and treated in compliance with the *Privacy Act 1988 (Cth)* and the Australian Privacy Principles (APP) in force from time to time. Where they are not inconsistent with the above Commonwealth laws, Section 739 of the *Local Government Act 1993 (NSW)(NI)* (protection of privacy) as well as the NSW Model Privacy Management Plan for Local Government and the Privacy Code of Practice for Local Government (NSW) may also be or become applicable to our management and use of your personal information.

### NOTICE TO BE BROADCAST\*

'It is with deep regret that I announce the death of:

who passed away: (when)

(where)

Funeral arrangements will be broadcast at a later date.'

### SIGNATURE OF FAMILY/NEXT OF KIN/MEDICAL STAFF COMPLETING FORM\*

Name and Signature of Person Who Completed Form	Date:	Contact Telephone Number
Name:		
Signature:		
Relationship:		
If medical staff completed form, detail family member/next of kin who provided information:		

**LODGEMENT DETAILS**

You can lodge the completed form by:

Email: [radionews@nirc.gov.nf](mailto:radionews@nirc.gov.nf)

In Person: **Radio Norfolk**  
New Cascade Road  
NORFOLK ISLAND

**OFFICE USE ONLY**

Name of Receiving Officer

Date Received

Signature of Receiving Officer

Time Received

If Receiving Officer took information down verbally, detail who provided the information and their relationship to the deceased

Dates Broadcast

Times Broadcast
/   /   /   /