



## Family History Reduced Fee Form

(Western Australia ONLY)

|   |                |  |
|---|----------------|--|
| <input type="checkbox"/> Birth Certificate (Reduced Fee)    | <b>\$36.00</b> | (\$55.00 if less than 75 years old)                              |
| <input type="checkbox"/> Death Certificate (Reduced Fee)    | <b>\$36.00</b> | (\$55.00 if less than 75 years old)                              |
| <input type="checkbox"/> Marriage Certificate (Reduced Fee) | <b>\$36.00</b> | (\$55.00 if less than 75 years old)                              |
| <input type="checkbox"/> Priority Fee                       | <b>\$42.00</b> | payable in addition to certificate fee and includes express post |

### Applicant's details

Please print clearly

Tax receipt required

|  |                   |                         |  |
|--|-------------------|-------------------------|--|
| <b>Applicant's name</b>                    |                   |                         |  |
| <b>Postal address</b>                      |                   |                         |  |
| <b>How are you related to this person?</b> | e.g. self, parent | <b>Reason required:</b> |  |
|  |                   | <b>Contact number:</b>  |  |
| <b>Email address:</b>                      |                   |                         |  |

**Declaration:** I declare that the information I have provided is true and correct. By signing this application I consent to my information being checked with the document issuer or official record holder.

|                                |                      |
|--------------------------------|----------------------|
| <b>Signature of applicant:</b> | <b>Date:</b> /     / |
|--------------------------------|----------------------|

### Birth

|                               |                |  |  |
|-------------------------------|----------------|--|--|
| <b>Surname at birth</b>       |                | <b>Given name(s)</b>                   |  |
| <b>Any other surname used</b> |                |  | Male <input type="checkbox"/> or Female <input type="checkbox"/> |
| <b>Date of birth</b>          | / /            | <b>Place of birth suburb/town/city</b> |  |
| <b>Father's name</b>          | Surname        | Given name(s)                          |  |
| <b>Mother's name</b>          | Maiden surname | Given name(s)                          |  |

### Death

|                               |                |                                       |  |
|-------------------------------|----------------|---------------------------------------|--|
| <b>Surname</b>                |                | <b>Given name(s)</b>                  |  |
| <b>Date of death</b>          | / /            | <b>Place of death suburb/town/cit</b> |  |
| <b>Any other surname used</b> |                | <b>Name of spouse</b>                 |  |
| <b>Father's name</b>          | Surname        | Given name(s)                         |  |
| <b>Mother's name</b>          | Maiden surname | Given name(s)                         |  |

### Marriage

|                            |                             |   |  |
|----------------------------|-----------------------------|---|--|
| <b>Party 1's full name</b> | Surname                     | Given name(s)                             |  |
| <b>Party 2's full name</b> | Surname at time of marriage | Given name(s)                             |  |
| <b>Date of marriage</b>    | / /                         | <b>Place of marriage suburb/town/city</b> |  |

