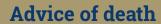
## **WA Seniors Card**







## I wish to advise the WA Seniors Card Centre of the death of:

First name(s):  Surname:  All other known names:  WA Seniors Card number (if known):  Date of birth:  Place of death:	Middle name(s):  Date of death:
All other known names:  WA Seniors Card number (if known):  Date of birth:  Place of death:	Date of death:
known names:  WA Seniors Card number (if known):  Date of birth:  Place of death:	Date of death:
Date of birth:  Place of death:	Date of death:
Place of death:	Date of death:
Loot known address:	
Last known address:	
Suburb:	
State:	Postcode:
Part 2 – Your contact details  First name(s):	
Surname:	
Relationship to deceased:	
Phone number:	
Postal address:	
State:	Postcode:
I declare the information provided with this advice is true and correct.  Declaration signature:	
Date:	

## Part 3 – Please send this form to:



WA Seniors Card Centre Locked Bag 3 PERTH BC WA 6849

- or -



info@seniorscard.wa.gov.au