



ADVICE OF DEATH

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

Deceased Surname

Deceased First Name(s)

WA Seniors Card Number
(if known)

Date of death

Place of death

Deceased's usual address

Death notified by:

Name

Relationship to Deceased

Address

Signature

Date

Post to:
WA Seniors Card Centre
Locked Bag 3
PERTH BC WA 6849

Fax: (08) 9226 4745 or **email:** info@seniorscard.wa.gov.au