

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

Part 1 – Deceased's details

First name(s):	Middle name(s):
Surname:	
All other known names:	
WA Seniors Card number (if known):	
Date of birth:	Date of death:
Place of death:	
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