Part B – Application form – Appropriate representative of a deceased person

1. Application Type

Is the person convicted of the historical conviction/s and named in this application deceased?

☐ Yes *(continue with this application)*

☐ No *(this is not the correct application form)*

2. Appropriate Representative

Please tick the relevant box below that describes your relationship to the deceased person (the relationship categories below are listed in the order of priority):

☐ The spouse or a person in a domestic relationship with the deceased person at the time of their death (please specify below)

☐ A son or daughter of the deceased person aged over eighteen years of age

☐ A parent of the deceased person

☐ A sibling of the deceased person aged over eighteen years of age

☐ An executor named in the will of the deceased person

☐ A personal representative (such as a guardian or enduring power of attorney) of the deceased person at the time of their death

☐ Other *(Please provide details of your relationship to the deceased. The Secretary of the Department of Justice & Regulation or their delegate will determine if you are authorised to make this application).*
3. Appropriate Representative Order of Priority

a) I declare that I am the appropriate representative with the relationship highest in the order of priority to the deceased person at the time of their death:

☐ Yes
☐ No (please provide further details below)

b) Are you able to provide documentation to support your relationship to the deceased person?

Documentation may include details of a marriage certificate (such as place or date or marriage), registration of a relationship, birth certificate, legal documentation or evidence of joint financial or household accounts.

☐ Yes (please provide details below)
☐ No (please provide details below)

4. Appropriate Representative Details

Given Names: __________________________________________
Surname: __________________________________________
Current Address: ______________________________________
Phone Number: ______________________________________
Email Address: ______________________________________

5. How would you like us to contact you?

☐ Email
☐ Telephone
☐ Mail (sent in a plain envelope marked ‘private and confidential’)  
☐ Other (please provide details below)
6. Details of the deceased person convicted of historical offences:

Please complete as much of this information as possible, although we appreciate that you may be unsure of some exact dates, places, former names or addresses.

Given Names at Birth: ________________________________________________________

Surname at Birth: __________________________________________________________

Given Names at Death: _________________________________________________________

Surname at Death: ___________________________________________________________

Any Former Names ___________________________________________________________

Date of Birth: ____ / ____ / ____  Place of Birth: ________________________________

Date of Death: ____ / ____ / ____  Place of Death: ________________________________

Gender: ________________________________

Address at time of offence or conviction/s (if known)

___________________________________________________________________________

___________________________________________________________________________

Please complete this application form and submit along with your Part A – Proof of Identity documents to the address below:

Private and Confidential  
Expungement Scheme  
GPO Box 4356  
MELBOURNE VIC  3001  
Telephone: (03) 8684 0818
7. Consent

This scheme is committed to the protection of the information privacy of the individual and community through compliance with the *Privacy and Data Protection Act 2014 (Vic)* and other relevant legislation and policies.

I agree to officers of the Department of Justice & Regulation (the Department) requesting and receiving a Victorian Police History Check on behalf of the deceased person, I am representing. This document will be provided to officers of the Department for the purpose of this application.

I give my consent to employees or contractors of the agencies and courts listed below disclosing and releasing any records held by them relating to the deceased person named in the application, to officers of the Department about the facts and circumstances surrounding the investigation, prosecution, court hearing, court findings and sentence in relation to any offences listed in a National Police Certificate that may be the subject of an expungement application.

- Any Victorian Court or Tribunal
- Any Victorian prosecuting authority (including the Office of Public Prosecutions and Victoria Police)
- The Registry of Births Deaths and Marriages Victoria
- Public Records Office of Victoria

I also give my consent for the Registry of Births Deaths and Marriages Victoria to access records and confirm with the Department that I am eligible to make this application on behalf of the deceased person.

I agree that the Department will provide me with access to records that it receives about the deceased person I am representing as a result of this application.

I understand that only material that contains personal information about the deceased person I represent will be released to me. I acknowledge that privacy and confidentiality apply to the handling of all information about third parties.

I declare that all of the information provided as part of this application is true, complete and correct to the best of my knowledge and therefore not false or misleading.

I understand that I can withdraw this application at any time by notifying the Department and should advise of any change of my personal or contact details.

**Name** (please print): 

**Signature:**

**Date:** 

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**Part B – Application form – Appropriate representative of a deceased person**

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