

# Notification of Death for Registration



Te Tari Taiwhenua  
Internal Affairs

BDM28 05/17

Fill this form out in black/blue pen. Please PRINT clearly in CAPITALS.

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Deceased

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**1 Name of deceased**

First or given name(s)

Surname or family name

**2 Name at birth (if different from above)**

First or given name(s)

Surname or family name

**3 Date of death**

**4 Place of death in full**

**5 Cause or causes of death (as specified in Medical Certificate or Coroner's Authorisation)**

Part I (a) Direct cause including interval between onset and death

Approx. interval between onset and death

Part I (b) Antecedent cause including interval between onset and death

Approx. interval between onset and death

Part I (c) Underlying condition including interval between onset and death

Approx. interval between onset and death

Part II Other significant contributing conditions including interval between onset and death

Approx. interval between onset and death

**6 Name of certifying doctor**

**7 Date last seen alive by certifying doctor**

**8 Sex of deceased**

female

male

**9 Date of birth**

Age

Enter complete years (e.g. 78). If less than 1 year old use complete months (M), weeks (W), days (D), hours (H), minutes (N) (e.g. 6M).

**10 Place of birth**

Town or city

Country (if not New Zealand)

**11 If not born in New Zealand, number of years lived here**

**12 Usual home address**

Flat number Street number and name (if applicable)

Suburb or rural locality

City, town or district

Country (if not New Zealand)

**13 Usual occupation, profession or job**

**14 Was the deceased descended from a New Zealand Māori?**

Yes

No

Don't know

**15 Which ethnic group(s) did the deceased belong to? Tick the box(es) that apply**

NZ European

Māori

Samoan

Tongan

Cook Island

Niuean

Chinese

Indian

Other such as Dutch, Japanese, Tokelauan

→ Please state

**16 Date of burial, cremation or other disposal of body**

**17 Place of burial, cremation or other disposal of body in New Zealand (or place outside of New Zealand to which body proposed to be removed)**

## Living Children of Deceased

**18 Age of each daughter**

**19 Age of each son**

**20 Parent of Deceased:**

Mother

Father

**24 Parent of Deceased:**

Father

Mother

\*Other parent

**21 Parent 1's full name**

First or given name(s)

Surname or family name

**22 Parent 1's full name at birth (if different from above)**

First or given name(s)

Surname or family name

**23 Parent 1's occupation, profession or job**

**\*25 Parent 2's full name**

First or given name(s)

Surname or family name

**\*26 Parent 2's full name at birth (if different from above)**

First or given name(s)

Surname or family name

**\*27 Parent 2's occupation, profession or job**

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**\* Or Other Parent's details**

Where the deceased was born as a result of an assisted human reproduction procedure (such as artificial insemination), the details in questions 24 to 27 should be completed as follows:

(1) If the deceased's mother was married to, or in a civil union or de facto relationship with, a man who consented to the mother undergoing the procedure, that man's details should be entered in questions 24 to 27. **Do not tick the box to the right.**

(2) If the deceased's mother was married to or living in a civil union or de facto relationship with a woman who consented to the mother undergoing an assisted human reproduction procedure (such as artificial insemination) then tick the following box and complete the person's details in questions 24 to 27. **Select whether the person prefers to be known as "Mother"  or "Other parent" .**

Tick this box if situation (2) applies

**Relationship Details of Deceased**

**28 Relationship status at time of death (tick only one option)**

Married  In a civil union  Marriage/civil union dissolved  In a de facto relationship  Spouse/partner deceased  Separated from de facto partner  Permanently separated (from a marriage or civil union)  Never in a legal relationship

**29 Details of most recent relationship (if any)**

Marriage  Civil Union  De facto relationship

**Place of marriage or civil union**

Town or city

Country (if not New Zealand)

Age of deceased at time of marriage/civil union  years

**Spouse/Partner: full name (when relationship formalised)**

First or given name(s)

Surname or family name

Sex of spouse/partner female  male  Age, if living

**30 If previously in a relationship – list details of second most recent relationship**

Marriage  Civil Union  De facto relationship

**Place of marriage or civil union**

Town or city

Country (if not New Zealand)

Age of deceased at time of marriage/civil union  years

**Spouse/Partner: full name (when relationship formalised)**

First or given name(s)

Surname or family name

Sex of spouse/partner female  male  Age, if living

**31 If previously in a relationship – list details of third most recent relationship**

Marriage  Civil Union  De facto relationship

**Place of marriage or civil union**

Town or city

Country (if not New Zealand)

Age of deceased at time of marriage/civil union  years

**Spouse/Partner: full name (when relationship formalised)**

First or given name(s)

Surname or family name

Sex of spouse/partner female  male  Age, if living

**32 If previously in a relationship – list details of fourth most recent relationship**

Marriage  Civil Union  De facto relationship

**Place of marriage or civil union**

Town or city

Country (if not New Zealand)

Age of deceased at time of marriage/civil union  years

**Spouse/Partner: full name (when relationship formalised)**

First or given name(s)

Surname or family name

Sex of spouse/partner female  male  Age, if living

**Person Notifying Death**

**33 Profession or occupation**

**35 Contact telephone number**

date

signature

**34 Name**

**36 Business or residential address**

**37 Was the deceased a Marriage Celebrant or Civil Union Celebrant?**

Yes  No

**38 Was the deceased a Justice of the Peace?**

Yes  No

**39 Did the deceased hold an honour or award? (do not include military decorations)**

Yes  No

name honour(s) or award(s)

