

# Funerals Made Simple

*Affordable alternatives to meet your needs*



Free Phone: 0508 623374

Email: [enquiries@funeralsmadesimple.co.nz](mailto:enquiries@funeralsmadesimple.co.nz)

Website: [www.funeralsmadesimple.co.nz](http://www.funeralsmadesimple.co.nz)

## **Notification of Death for Registration**

1. **Name of deceased:** (First or given names)

\_\_\_\_\_

2. **Surname or family name:**

\_\_\_\_\_

3. **Name at birth if different from above:** (ie. Maiden name for female or changed name throughout life)

\_\_\_\_\_

4. **Date of birth:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

5. **Date of death:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

6. **Age:** \_\_\_\_\_

7. **Sex of deceased:** Male Female

8. **Usual occupation, profession or job:** \_\_\_\_\_

9. **Place of birth:** \_\_\_\_\_

Country if not New Zealand: \_\_\_\_\_

If not born in New Zealand, number of years lived here: \_\_\_\_\_

10. **Which ethnic group(s) did the deceased belong to:** \_\_\_\_\_

11. **Usual home address:** \_\_\_\_\_

12. **Place of death in full:** \_\_\_\_\_

13. **Date of burial, cremation or other disposal of body:** To be advised \_\_\_\_\_/\_\_\_\_\_

14. **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):

To be advised

\_\_\_\_\_

15. **Age of each daughter:** \_\_\_\_\_

16. **Age of each son:** \_\_\_\_\_

17. **Mother's full name:** \_\_\_\_\_

Mother's full name at birth: \_\_\_\_\_

Mother's Occupation, profession, job: \_\_\_\_\_

18. **Father's full name:** \_\_\_\_\_

Father's full name at birth: \_\_\_\_\_

Father's occupation: \_\_\_\_\_

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**19. Relationship status at time of death:** (tick only one option)

Married

In a civil union

In a de facto relationship

Spouse/partner deceased

Separated from de facto partner

Marriage / civil union dissolved

Permanently separated (from a marriage or civil union)

Never in a legal relationship

**20. Details of most recent relationship (1):**

Married

Civil Union

De facto relationship

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

---

Surname or family name: \_\_\_\_\_

Place of marriage or civil union: (including country if different)

---

Age of deceased at time of marriage / civil union: \_\_\_\_\_ Age if living: \_\_\_\_\_

**21. If previously in a relationship (2):**

Married

Civil Union

De facto relationship

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

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Surname or family name: \_\_\_\_\_

Place of marriage or civil union: (including country if different)

---

Age of deceased at time of marriage / civil union: \_\_\_\_\_ Age if living: \_\_\_\_\_

**22. If previously in a relationship (3):**

Married

Civil Union

De facto relationship

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

---

Surname or family name: \_\_\_\_\_

Place of marriage or civil union: (including country if different)

---

Age of deceased at time of marriage / civil union: \_\_\_\_\_ Age if living: \_\_\_\_\_

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- 23. Cause of death** Timeframe:
- Part 1 - A: To be completed by funeral director
- B: \_\_\_\_\_
- C: \_\_\_\_\_
- Part 2 – A: \_\_\_\_\_
- Name of doctor: To be completed by funeral director Last seen alive: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- 24. Was the deceased a Marriage Celebrant or Civil Union Celebrant?** Yes No
- 25. Was the deceased a Justice of the Peace?** Yes No
- 26. Did the deceased hold an honour or award?** Yes No  
(do not include military decorations)
- Name, honour(s) or award(s): \_\_\_\_\_
- 27. Person notifying death:**
- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Contact Numbers: \_\_\_\_\_
- Occupation: \_\_\_\_\_
- Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Signature: \_\_\_\_\_
- 28. Do you want a death certificate?** (cost \$33.00 each) How many: \_\_\_\_\_ Yes No
- 29. Address to send certificate(s) to:** \_\_\_\_\_
- \_\_\_\_\_
- 30. Payment details:**
- |             |                                          |             |
|-------------|------------------------------------------|-------------|
| Cheque      | Bank draft or money order in New Zealand | Credit card |
| Master card | American Express                         | Cash        |
- Card number: \_\_\_\_\_
- Expiry date: \_\_\_\_\_ / \_\_\_\_\_ Card holders name: \_\_\_\_\_
- Card holders signature: \_\_\_\_\_
- 31. Notes:** \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_