

Funerals Made Simple

Affordable alternatives to meet your needs



Free Phone: 0508 623374

Email: help@funeralsmadesimple.co.nz

Website: 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:** _____/_____/_____

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):

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):

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: _____
- B: _____
- C: _____
- Part 2 – A: _____
- Name of doctor: _____ 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:** _____
- _____
- _____