

Notification of Death for Registration

- The Funeral Director or other person responsible for the disposal of the body, or their authorised agent, must notify the death.
- Notification must be done within three working days after disposal of the body.
- BDM is required by law to notify specific organisations when a professional dies. This applies to medical professionals and social workers. If the deceased worked in the medical profession (e.g. doctor, dentist, radiologist) or as a social worker then please write their area of profession clearly in the occupation field.
- De facto relationships: Not every relationship where two people live together (and are not married or in a civil union) is a de facto relationship under the law. Being in a de facto relationship depends on the couple's circumstances, including the couple's ages, the length of the relationship, the degree to which the couple are mutually committed to a shared life together, and the extent to which they make their relationship known publicly, for example, to friends and family. It is important that you know whether or not the deceased was in a de facto relationship before you provide information about that in this form. If you are unsure you should get advice from a lawyer.
- When completing the Relationship Details of Deceased section please enter only the four most recent relationships.
- All questions on this form must be answered truthfully. It is an offence to give false information. If you are unable to answer a question place a dash (-) in the panel.
- A Medical Certificate of Causes of Death or Coroner's Order must be provided with this form by the Funeral Director or other person in charge of the body.
- Provided the Medical Certificate of Causes of Death or Coroner's Order is attached to this form when received for registration, the appropriate information will be transferred to the death registration. If a Medical Certificate or Coroner's Order is not attached, the following panels on this form must be completed: Cause or Causes of Death; Name of Certifying Doctor; and Date last seen alive by Certifying Doctor.
- Tick the appropriate box(es) with a tick like this ☒. Print clearly in the spaces.
- If you make a mistake while you are completing this form, put a line through your mistake, initial the information you have crossed out and write in the correct information.
- If you have any difficulties in completing the form please phone 0800 22 52 52 for further advice.

The information sought on this form is collected under the Births, Deaths, and Marriages Registration Act 1995 (the "BDMR Act") and is required to register the person's death.

A person who disposes of a body, or who removes a body for disposal outside New Zealand or for anatomical examination under the Human Tissue Act 1964, is required under the BDMR Act to notify a Registrar of the death of the person concerned. A person who fails to comply with this requirement commits an offence, punishable by a fine.

The information collected on this form will be held on a public register, and may generally be accessed by any person on application (e.g. as a certificate or printout). Births, Deaths and Marriages may also release it to certain government agencies, as authorised by law.

The BDMR Act governs access to registered death information. Information about a person's rights to access and, where appropriate, correct the information, is available on our website www.bdm.govt.nz, or by phoning us on Call Free 0800 22 52 52.

When you have filled in the form please post it to:
Births, Deaths and Marriages, PO Box 31 203, Lower Hutt 5040

www.bdm.govt.nz

Notification of Death for Registration

THE DEPARTMENT OF INTERNAL AFFAIRS

Te Tari Taiwhenua

L

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

Deceased

L

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 Doctor's Certificate or Coroner's Order)

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

Approx. time between onset and death

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

Approx. time between onset and death

Part I (c) Underlying conditions including time between onset and death

Approx. time between onset and death

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

Approx. time 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 (if applicable) Street number and name

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 Maori ☐

Niuean ☐

Chinese ☐

Indian ☐

Other such as Dutch, Japanese, Tokelauan → Please state

16 Date of disposal of body

17 Place of 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

Parents of Deceased

20 Mother's full name

First or given name(s)

Surname or family name

21 Mother's full name at birth (if different from above)

First or given name(s)

Surname or family name

22 Mother's occupation, profession or job

***23 Father's full name**

First or given name(s)

Surname or family name

***24 Father's full name at birth (if different from above)**

First or given name(s)

Surname or family name

***25 Father's occupation, profession or job**

L

*** Or Other Parents details**

Where the deceased was born as a result of an assisted human reproduction procedure (such as artificial insemination), the details in questions 23 to 25 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 23 to 25. **Do not tick the box to the right.**

(2) If the deceased's mother was 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 23-25. Her details will be shown on the death registration and death certificates as "Other parent" (instead of "Father").

Tick this box if situation (2) applies ☐

Relationship Details of Deceased

26 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 ☐

27 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

28 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

29 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

30 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 Registering Death

31 Description or occupation

33 Contact telephone number

date

signature

32 Name

34 Business or residential address

35 Was the deceased a Marriage Celebrant or Civil Union Celebrant?

Yes ☐ No ☐

36 Was the deceased a Justice of the Peace?

Yes ☐ No ☐

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

Yes ☐

No ☐

name
honour(s)
or award(s)

Notification of Death for Registration

Do you want a Death Certificate?

38 No ☐ Yes ☐ → How many? Cost \$26 each

Payment details

I choose the following method to pay for the order which totals:

\$ (Enter total amount)

I enclose a cheque, bank draft or money order in New Zealand dollars made out to: The Department of Internal Affairs ☐

OR

Charge my credit card (tick one)

VISA ☐

Mastercard ☐

Bankcard ☐

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Card number

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Expiry date

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Cardholder's name

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Cardholder's signature

Please send certificate(s) to

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First or given name

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Surname or family name

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Flat number Street number and name
(if applicable)

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Suburb or rural locality

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City, town or district

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Country (if not New Zealand)

OFFICE USE ONLY

Paid \$

Date:

Transaction number