



DETAILS REQUIRED FOR REGISTRATION OF DEATH

Full Legal Name: _____

Address: _____

Birth Date: _____ Place of Birth: _____

Period in New Zealand: _____ Occupation before retirement: _____

PARENTS OF DECEASED

Name of Father: _____

Name of Mother: _____ Nee: _____

Doctor: _____ Which Practice: _____

MARRIAGE DETAILS/RELATIONSHIP DETAILS

Married to whom: _____ De-facto Relationship with Whom _____

Age at time of Marriage: _____ Place where Married: _____

Age of Spouse (Living): _____ Age of former Spouse (Living): _____

AGES OF LIVING CHILDREN:

Male: () _____ () _____ () _____ () _____ () _____ () _____ () _____

Female: () _____ () _____ () _____ () _____ () _____ () _____ () _____

ETHNIC GROUP(S)

Please Tick As Many as Needed To Show Ethnic Group

NZ European NZ Maori Samoan Cook Island Maori Tongan Niuean Chinese Indian

Other (Such as Fijian, Vietnamese)* _____

Other European – which of these groups; Dutch English Australian Scottish Irish Other

Are you a descendant of N.Z Maori: Yes No Don't Know Iwi: _____

EX SERVICE PERSON

Was the deceased a justice of the peace: Yes No Did the Deceased Hold Any Honors/Awards: Yes No

Ex Service Person: Yes No Num: _____ Rank: _____ Unit: _____

Where Served: _____ Year Served: _____

ACCOUNT REPRESENTATIVE

Next of Kin Contact: _____ Ph: _____

Solicitor: _____ Ph: _____

Account to be sent to: _____