



Notification of Death for Registration

- The Funeral Director or other person responsible for the burial, cremation or other disposal of body, or their authorised agent, must notify a Registrar of the death. A person who fails to comply with this requirement commits an offence, punishable by a fine.
- Notification of a death occurring in New Zealand must be done within three working days after burial, cremation or other disposal of body.
- The deceased's name, date and place of birth will be corrected if it is found to be different from a New Zealand birth record.
- 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 (doctor, dentist, radiologist) or as a social worker then please print 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 couples' 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.
- 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 or Coroner's Authorisation must be obtained by the Funeral Director or other person responsible for the burial, cremation or other disposal of the body.
- Tick the appropriate box(es) with a tick like this . Print clearly in the spaces.
- If you make a mistake put a line through your mistake, initial the information you have crossed out and print in the correct information.
- If you have any difficulties in completing the form please Freephone **0800 22 52 52** for further advice.

Privacy

- The information sought on this form is collected under the Births, Deaths, Marriages, and Relationships Registration Act 1995 (the "BDMRR Act") and is required to register the death.
- 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 BDMRR Act governs access to registered death information. Information about a person's rights to access and, where appropriate, correct the information, is available at www.bdm.govt.nz or Freephone **0800 22 52 52**.



Recording Causes of Death

Follow these instructions depending on the Medical Certificate of Causes of Death or Coroner's Authorisation used:

1. **Medical Certificate of Causes of Death (HP4720) and Medical Certificate of Causes of Fetal and Neonatal Death (HP4721). Print as stated:**
 - a. *Date of Death*
 - b. *Place of Death*
 - c. *All the cause(s) of death Part I & II, including the approximate interval between onset and death, in the same order as they are documented on the medical certificate*
 - d. *Name of health practitioner*
 - e. *Date last seen alive by health practitioner*
2. **Coroners authorisation for release of body (Cor 3):**
 - a. *Print the Date of Death as stated*
 - b. *Print the Place of Death to the best of your knowledge*
 - c. *Print the cause or causes of death as "Subject to Coroner's Findings" and Place in which the Coroner is based.*
 - d. *The 'Name of certifying doctor' and 'Date last seen alive by certifying doctor' should be left blank.*

After notifying the death, send the HP4720, HP4721 or Cor 3 with this form to:

Births, Deaths and Marriages
PO Box 10 526
Wellington 6143

When you have filled in the form please post it to:
Births, Deaths and Marriages, PO Box 10 526, Wellington 6143
www.govt.nz/bdm

Notification of Death for Registration



Te Tari Taiwhenua
Internal Affairs

BDM2810/1B

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

L

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 DD MM YYYY **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 health practitioner **7 Date last seen alive by health practitioner** DD MM YYYY

8 Sex of deceased female male **9 Date of birth** DD MM YYYY **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 Māori Niuean Chinese Indian
Other such as Dutch, Japanese, Tokelauan → Please state

16 Date of burial, cremation or other disposal of body DD MM YYYY

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)

Children of Deceased (if deceased include a D after the age e.g. 34D)

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**

*** 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)



