



Personal Details...

Name

Email:

Address:

Phone:

NEXT OF KIN DETAILS/EXECUTOR OF ESTATE

Executor(s)/Next of Kin

Relationship

Email Phone

The following details are required by the Registrar in order to provide a death certificate:

Surname Given Names

Maiden Name *(if applicable)*

Gender Male Female Date of Birth Age

Town of Birth Country of Birth

If place of birth is not New Zealand, in what year did you move to New Zealand?

Usual Occupation or Profession *(before retirement)*

Ethnic Groups *(please indicate all applicable and include if NZ Maori descent)*

- European
 Maori
 NZ Maori Descent
 Samoan
 Tongan
 Cook Island Maori
 Chinese
 Indian
 Other *(specify)*

CHILDREN'S AGES *(Living Children Only)*

Birth Date of Each Daughter/...../..... /...../..... /...../.....

Birth Date of Each Son/...../..... /...../..... /...../.....

MARITAL STATUS

- Married In a Civil Union In a de facto relationship Spouse|Partner deceased
- Separated (from a marriage or civil union) Separated from a de facto partner
- Never in a legal relationship

DETAILS OF THE MOST RECENT RELATIONSHIP *(if any)*

- Marriage Civil Union De Facto Relationship

Spouse|Partner Full Name Date of Birth

Spouses|Partner Maiden Name *(if applicable)*

Place of Marriage Date of Marriage

Your Age at time of Marriage Spouse|Partner Age at the time

Sex of Spouse|Partner Female Male Spouse|Partner Age if living

Details of relationship prior to the one above *(if any)*

- Marriage Civil Union De Facto Relationship

Spouse|Partner Full Name Date of Birth

Spouses|Partner Maiden Name *(if applicable)*

Place of Marriage Date of Marriage

Your Age at time of Marriage Spouse|Partner Age at the time

Sex of Spouse|Partner Female Male Spouse|Partner Age if living

PARENT'S DETAILS

Mother's Surname Mother's First Names

Mother's Maiden Name

Father's Surname Father's First Names

Signature FUNERALS

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