

Notification of death for registration

Te whakamōhio i te mate mō te rēhita



Internal Affairs
Te Tari Taiwhenua

BDM28

Use this form to register a death if you are:

- a funeral director
- a person other than a funeral director responsible for organising the burial, cremation or other disposal of body of the deceased, or
- an authorised agent of the person responsible for organising the burial, cremation or other disposal of body of the deceased.

Before you apply

Notification of a death

You need to register the death with Births, Deaths and Marriages within 3 working days of the burial, cremation or other disposal of body. It is an offence, punishable by a fine, to fail to register a death. You must get a copy of the form that states the causes of the person's death from the health practitioner who completed it. This will be a:

- HP4720 Medical Certificate of Cause of Death
- HP4721 Medical Certificate of Causes of Fetal and Neonatal Death, or
- Cor 3 Coroner's Authorisation for Release of Body.

Send the HP4720, HP4721 or Cor 3 in with this BDM28 Notification of death for registration form.

The Department of Internal Affairs will correct the deceased's name, date and place of birth if they are different from the deceased's New Zealand birth record.

Instructions for recording the cause of death

If a HP4720 Medical Certificate of Cause of Death or a HP4721 Medical Certificate of Causes of Fetal and Neonatal Death is given to you, fill in the following as stated on the certificate:

- the date and place of death on page 3
- all the cause(s) of death in the same order as they are stated on the medical certificate, including Parts 1 and 2 and the approximate interval between onset and death, on page 4
- the name of certifying doctor on page 4
- the date last seen alive by certifying doctor on page 4.

If a Cor 3 Coroner's Authorisation for Release of Body is given to you:

- write the date of death as stated on the certificate on page 3
- write the place of death to the best of your knowledge on page 3
- write the cause or causes of death as 'Subject to coroner's findings' and the place in which the coroner is based on page 4
- place a dash (-) in the form fields 'Name of certifying doctor' and 'Date last seen alive by doctor' on page 4.

End of Life Choice Act 2019

If the subject of this death registration was eligible for assisted dying under the End of Life Choice Act 2019, this will be reflected on the HP4720 Medical Certificate of Cause of Death.

Follow the same instructions above for entering a death where the cause of death was assisted dying. Include all of the same information exactly as stated on the medical certificate.

De facto relationships

It is important that you know whether or not the deceased was in a de facto relationship before you fill out 'Section 4: Relationship details of deceased' on pages 8 to 10 of this form.

Not every relationship where two people live together (and aren't married, or in a civil union) is a de facto relationship under the law.

Being considered to be in a de facto relationship depends on a number of things, including:

- the couple's circumstances, including their ages
- the length of their relationship
- how committed the couple are to sharing a life together, and
- how public they make their relationship to friends and family.

If you are unsure, you should get advice from a lawyer.

How to submit this form

Post the HP4720, HP4721 or Cor 3 and this form to:

Death Registration team
PO Box 10-526
Wellington 6140
New Zealand

Further information

Website: govt.nz/bdm/contactus

Email: bdm.nz@dia.govt.nz

Only use email for queries about the form. To return the form, follow the postage instructions above. Do not email the completed form to us.

Privacy statement

The information sought on this form is collected under the Births, Deaths, Marriages, and Relationships Registration Act 2021 (the "BDMRR Act") and is required to register the death. If this information is so registered, it will be held on a public register, and may generally be accessed by any person on application (for example, as a certificate or printout). Births, Deaths, and Marriages may also release it to certain government agencies, as authorised by law. The Privacy Act 2020 provides rights of access to, and correction of, personal information collected on this form. However, the BDMRR Act governs access to registered death information. Information about your rights to access and, where appropriate, correct the information, is available by contacting Births, Deaths and Marriages.

The information collected in your application may be used in statistical analysis and reporting for service improvement and business management purposes. Personal information will only be used where necessary for those purposes.

Data is stored, accessed and retained in accordance with our Privacy Policy, Information Management Policy, and the DIA Code of Conduct which incorporates our ICT and security policies, and in compliance with the Privacy Act 2020 and the Public Records Act 2005.

True statements

All questions on this form must be answered truthfully. It is an offence to give false information.

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Instructions:

- You can complete this form by hand or on-screen using Adobe Acrobat Reader.
- You can use the tab key to move to the next fillable form field in Adobe Acrobat Reader.
- You must still print off the application form and sign it by hand.
- Tick the appropriate box(es) and write clearly in the form fields.
- If you are unable to answer a question, place a dash (-) in the form field.
- If you make a mistake, put a line through your mistake, initial the information you have crossed out, and write in the correct information.

Section 1: The deceased

1. Deceased's name

First and middle names

Surname or family name

First and middle names at birth (if different)

Surname or family name at birth (if different)

2. Place and date of death

Date of death (dd/mm/yyyy)

Place of death in full

3. Cause or causes of death

Write as stated on the HP4720 Medical Certificate of Cause of Death, HP4721 Medical Certificate of Causes of Fetal and Neonatal Death, or Cor 3 Coroner's Authorisation for Release of Body.

Part 1(a): Direct cause including interval between onset and death

Direct cause

Approx. interval between onset and death

Part 1(b): Antecedent cause including interval between onset and death

Antecedent cause

Approx. interval between onset and death

Part 1(c): Underlying condition including interval between onset and death

Underlying condition

Approx. interval between onset and death

Part 2: Other significant contributing conditions including interval between onset and death

Other significant contributing conditions

Approx. interval between onset and death

4. Certifying doctor's details

Name of certifying doctor

Date last seen alive by doctor (dd/mm/yyyy)

5. Deceased's sex marker:

- ☐ Female
☐ Male
☐ Non-binary

6. Deceased's age

Enter complete years. If under 1 year old, use complete months, weeks, days, hours, minutes.

Date of birth (dd/mm/yyyy)

Age

7. Deceased's place of birth

Town or city

Country

8. If the deceased was not born in New Zealand, how many years have they lived here?

Number of years

9. Deceased's usual residential address

Street number and name

Suburb or locality

Town, city or district

Postcode

Country (if not New Zealand)

10. Deceased's occupation

Usual occupation, profession or job of deceased.

Enter the occupation or job title. You do not need to include the name of the employer. For example, 'Engineer'.

If the deceased was not employed, you can enter 'Unemployed'.

If the deceased was retired at the time of their death, enter their most recent occupation.

If the deceased was a medical professional (for example, a doctor, dentist or radiologist) or social worker, make sure to fill in this field. The Department of Internal Affairs is required by law to notify specific organisations when a medical professional or social worker dies.

Occupation

11. What ethnic group or groups does the deceased belong to?

Tick the box(es) that apply.

- | | | |
|---|---------------------------------|---|
| <input type="checkbox"/> NZ European | <input type="checkbox"/> Māori | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Cook Islands Māori | <input type="checkbox"/> Tongan | <input type="checkbox"/> Niuean |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Indian | <input type="checkbox"/> Other (please specify below) |

Specify 'Other' e.g. Dutch, Japanese, Tokelauan

12. Is the deceased the descendant of a New Zealand Māori? (tick one)

- ☐ Yes
☐ No
☐ Not sure

13. Date and place of burial, cremation or other disposal of body

The place can be in New Zealand, or a proposed place outside New Zealand to which the body will be moved to. If the proposed place is outside New Zealand, write the date that the body will leave New Zealand in the 'Date' field.

Date (dd/mm/yyyy)

Place

14. Was the deceased a marriage or civil union celebrant?

- ☐ Yes
☐ No

15. Was the deceased a Justice of the Peace?

- ☐ Yes
☐ No

16. Did the deceased hold an honour or award?

For example, Member of the Order of Merit. Do not include military decorations.

- ☐ Yes
☐ No

Name of honour(s) or award(s)

Section 2: Children of the deceased

17. Living children of deceased

Age of each daughter

Age of each son

Age of each non-binary child

18. Children who have died before the deceased

Age of each daughter

Age of each son

Age of each non-binary child

Section 3: Parents of the deceased

19. Parent 1

☐ Mother

☐ Father

☐ Parent

First and middle names

Surname or family name

First and middle names at birth (if different)

Surname or family name at birth (if different)

Occupation

20. Parent 2

- ☐ Father
- ☐ Mother
- ☐ Parent

First and middle names

Surname or family name

First or middle names at birth (if different)

Surname or family name at birth (if different)

Occupation

Section 4: Relationship details of the deceased

21. Relationship details at time of death (tick one):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> In a civil union | <input type="checkbox"/> Marriage/civil union dissolved | <input type="checkbox"/> De facto relationship |
| <input type="checkbox"/> Spouse/partner deceased | <input type="checkbox"/> Separated from de facto partner | <input type="checkbox"/> Permanently separated (marriage or civil union) | <input type="checkbox"/> Never in a legal relationship |

22. Details of most recent relationship (if any)

22a. The relationship was a:

☐ Marriage ☐ Civil union ☐ De facto relationship

22b. Spouse or partner's details

In the case of a marriage or civil union, write their name at the time the relationship was formalised.

Spouse or partner's first and middle names

Spouse or partner's surname or family name

☐ Female ☐ Male ☐ Non-binary

Spouse or partner's current age (if living)

22c. Other details, if the relationship was a marriage or civil union

Age of deceased at time of marriage/civil union

Place of marriage or civil union (include town or city and country)

23. Details of second most recent relationship (if any)

23a. The relationship was a:

☐ Marriage ☐ Civil union ☐ De facto relationship

23b. Spouse or partner's details

In the case of a marriage or civil union, write their name at the time the relationship was formalised.

Spouse or partner's first and middle names

Spouse or partner's surname or family name

☐ Female ☐ Male ☐ Non-binary

Spouse or partner's current age (if living)

23c. Other details, if the relationship was a marriage or civil union

Age of deceased at time of marriage/civil union

Place of marriage or civil union (include town or city and country)

24. Details of third most recent relationship (if any)

24a. The relationship was a:

☐ Marriage ☐ Civil union ☐ De facto relationship

24b. Spouse or partner's details

In the case of a marriage or civil union, write their name at the time the relationship was formalised.

Spouse or partner's first and middle names

Spouse or partner's surname or family name

☐ Female ☐ Male ☐ Non-binary

Spouse or partner's current age (if living)

24c. Other details, if the relationship was a marriage or civil union

Age of deceased at time of marriage/civil union

Place of marriage or civil union (include town or city and country)

25. Details of fourth most recent relationship (if any)

25a. The relationship was a:

☐ Marriage ☐ Civil union ☐ De facto relationship

25b. Spouse or partner's details

In the case of a marriage or civil union, write their name at the time the relationship was formalised.

Spouse or partner's first and middle names

Spouse or partner's surname or family name

☐ Female ☐ Male ☐ Non-binary

Spouse or partner's current age (if living)

25c. Other details, if the relationship was a marriage or civil union

Age of deceased at time of marriage/civil union

Place of marriage or civil union (include town or city and country)

Section 5: Person notifying the death

26. Your profession or occupation

Occupation

27. Your name

Full name

28. Your contact details

Phone number

Email

29. Your address

Street number and name

Suburb or locality

Town, city or district

Postcode

Country (if not New Zealand)

30. Your signature

Signature

Date signed (dd/mm/yyyy)

Section 6: Death certificate (optional)

31. Enter quantity of death certificates you need:

Death certificate quantity

\$33

32. Death certificate delivery

Select a delivery method:

☐ I want the certificate(s) sent by standard post \$0

☐ I want the certificate(s) couriered to a New Zealand address \$5

☐ I want the certificate(s) couriered to an overseas address \$15 - \$30

Australia, Asia, Pacific: \$15

USA: \$20

Europe (unless listed here): \$25

Rest of world: \$30

Includes: Azerbaijan, Armenia, Bulgaria, Bosnia and Herzegovina, Cyprus, Croatia, Greece, Georgia, Macedonia, Malta, Moldova

Contact us if you are unsure whether we can deliver to your country. Contact information is on page 2.

Delivery address:

Delivery name

Street number and name

Suburb or locality

Town, city or district

Country

Postcode

Complete the payment section on the last page of the form.

33. Death certificate payment

Do not post cash or card. Do not email credit card details.

Charge my credit or debit card (Visa, MasterCard, American Express, Prezzy Card):

Card number

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Card expiry date

		/		
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Name on card

Cardholder signature