

PERSONAL DETAILS FOR DEATH REGISTRATION – BDM 28

Full Name : \_\_\_\_\_

Your profession: \_\_\_\_\_

Usual residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ If not NZ – year of arrival : \_\_\_\_\_

Where born : \_\_\_\_\_

Full name of father: \_\_\_\_\_

Profession of father: \_\_\_\_\_

Full name of mother: \_\_\_\_\_

Maiden name of mother: \_\_\_\_\_

Profession of mother: \_\_\_\_\_

If married :      To whom (maiden name if applicable)                      Year                      Place

1st \_\_\_\_\_

2nd \_\_\_\_\_

3rd \_\_\_\_\_

Children: State birth date(s) only

Male: \_\_\_\_\_

Female: \_\_\_\_\_

If wife or husband living, date of birth: \_\_\_\_\_

If divorced and former wife / husband living, date of birth: \_\_\_\_\_

**DIRECT CREMATION DETAILS** I request direct cremation

Newspaper Notice – (extra cost)  Yes  No

Ashes to be :  Returned to next of kin       Scattered to the Four Winds \$85.00

Other Wishes : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Next of kin : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Ph: \_\_\_\_\_

Preferred payment method:

Direct Transfer (Internet banking)      Eftpos      Credit Card (attracts 3% fee)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_