

Information needed by Waikanae Funeral Home to register a death

Name of Deceased _____

Usual Residence _____

Occupation _____ Date of Death _____ Time _____ am / pm

Where Died _____

Age _____ Date of Birth _____ M _____ F _____ Years in NZ _____

Where Born _____ Ethnic Group _____

Father's full name _____ Occup _____

Mother's full name _____ Occup _____

Maiden Name of Mother _____

RELATIONSHIP STATUS				
Married <input type="radio"/> Civil Union <input type="radio"/> Marriage / C U dissolved <input type="radio"/> In a de facto relationship <input type="radio"/>				
Spouse / Partner deceased <input type="radio"/> Separated from de facto partner <input type="radio"/> Permanently separated <input type="radio"/> Never in a legal relationship. <input type="radio"/>				
No.	Spouse / Partners Name (If female, use maiden name or if in a previous relationship, use surname prior to current relationship being formalised)	Spouse / Partner's Age Now	Where Married (Town, Country)	Deceased's Age at Marriage
Ages of Living Daughters		Ages of Living Sons		