



**THE BIRTHS, DEATHS, AND MARRIAGES REGISTRATION  
(PRESCRIBED INFORMATION AND FORMS)  
REGULATIONS 1995**

CATHERINE A. TIZARD, Governor-General

**ORDER IN COUNCIL**

At Wellington this 4th day of September 1995

Present:

HER EXCELLENCY THE GOVERNOR-GENERAL IN COUNCIL

PURSUANT to section 88 (1)(b) of the Births, Deaths, and Marriages Registration Act 1995, Her Excellency the Governor-General, acting by and with the advice and consent of the Executive Council, hereby makes the following regulations.

ANALYSIS

- 1. Title and commencement
- 2. Interpretation

*Prescribed Information*

- 3. Preliminary notices of birth
- 4. Manner of deposit with Registrar-General of death certificate issued outside New Zealand

- 5. Information relating to solemnisation of marriage
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## REGULATIONS

**1. Title and commencement**—(1) These regulations may be cited as the Births, Deaths, and Marriages Registration (Prescribed Information and Forms) Regulations 1995.

(2) These regulations shall come into force on the day after the date of their notification in the *Gazette*.

**2. Interpretation**—(1) In these regulations, unless the context otherwise requires,—

“The Act” means the Births, Deaths, and Marriages Registration Act 1995;

“Disposal”, in relation to a body that has been cremated, means the cremation itself, (not the putting or scattering of the resulting ashes in any place); and “disposed of” has a corresponding meaning;

“Full name” means—

- (a) First or given name or names; and
- (b) Surname or family name (if any).

(2) In these regulations, reference to a form of a particular number is a reference to the form bearing that number set out in the Schedule to these regulations.

### *Prescribed Information*

**3. Preliminary notices of birth**—There is hereby prescribed for the purposes of preliminary notices of birth under section 4 of the Act the following information:

- (a) The date and place of the birth;
- (b) The sex, birth weight, and length of gestation of the child;
- (c) Whether the child was stillborn;
- (d) The full name, usual residential address, and postal address of the mother.

**4. Manner of deposit with Registrar-General of death certificate issued outside New Zealand**—A death certificate issued outside New Zealand shall be deposited with the Registrar-General under section 52 (1) of the Act by posting or giving it to the Registrar-General together with—

- (a) Notice in writing of as much of the information prescribed by regulation 7 (a) of these regulations to be contained in death certificates (not being information contained in the certificate) as is known to the person depositing the certificate;
- (b) Notice in writing of as much of the following information relating to the person to whom the certificate relates (not being information contained in the certificate) as is known to the person depositing the certificate):
  - (i) Nationality;
  - (ii) Last known place of residence in New Zealand (if any);
  - (iii) How long resident in New Zealand (if at all);
  - (iv) When last resident in New Zealand (if at all);
- (c) Notice in writing of the following information relating to the person depositing the certificate:
  - (i) Full name;
  - (ii) Usual residential address;

(iii) Relationship (if any) to the person to whom the certificate relates:

(iv) Length of acquaintance (if any) with the person to whom the certificate relates.

**5. Information relating to solemnisation of marriage**—There is hereby prescribed for the purposes of sections 55 to 57 of the Act the following information:

(a) In relation to both to the bride and bridegroom,—

(i) Full name:

(ii) Full name at birth (if different from current name):

(iii) Date of birth:

(iv) Usual occupation, profession, or job:

(v) Marital status (never married, or previously married):

(vi) If previously married, how and when each previous marriage dissolved:

(vii) Place of birth:

(viii) Usual residential address:

(b) In relation to the parents of the bride and bridegroom, full name; surname or family name at birth (if different from current surname or family name); and usual occupation, profession, or job; and

(c) Date of marriage:

(d) Place of marriage.

**6. Birth certificates**—There is hereby prescribed to be contained in a birth certificate relating to any person's birth,—

(a) In all cases,—

(i) The person's full name as registered on the initial registration of the birth:

(ii) Details of all changes of the person's name registered after the initial registration of the birth:

(iii) The person's sex:

(iv) The date of the birth:

(v) The place of the birth:

(vi) Where the birth was a multiple birth, the fact that it was such a birth and the person's birth order:

(vii) In relation to the person's parents, full name; usual occupation, profession, or job; date of birth; age at the time of the child's birth; and place of birth; and full name at birth (if not the full name on initial registration of the birth); as registered on the initial registration of the birth:

(b) In the case of birth in respect of which the information was expressly recorded,—

(i) The kainga (residence), iwi (tribe), and ahuatanga (description) of the person's mother:

(ii) The kainga, iwi, and ahuatanga of the person's father.

**7. Death certificates**—There is hereby prescribed to be contained in a death certificate relating to any person—

(a) In all cases,—

(i) The person's full name:

- (ii) The person's full name at birth (if not the person's full name at death):
  - (iii) The date of the death:
  - (iv) The place of the death:
  - (v) The person's usual residential address:
  - (vi) The person's usual occupation, profession, or job:
  - (vii) The person's sex:
  - (viii) The person's date of birth and age at death:
  - (ix) Where the person was born:
  - (x) In the case of a person born outside New Zealand who died in New Zealand, how long the person had been in New Zealand before death:
  - (xi) In relation to the person's parents, full name; usual occupation, profession, or job; and full name at birth (if not full name at death):
  - (xii) In respect of each time (if any) that the person married, the person's age at the time of the marriage, the place; the spouse's full name at that time; the age of the spouse when the person died (if then still living) the sex, and age when the person died of all issue of the marriage then still living:
  - (xiii) The cause or causes of the person's death, and (if more than 1, in respect of each) the interval between onset and death:
  - (xiv) The name of the medical attendant by whom the death was certified and the date on which the person was last attended by that medical attendant or, as the case requires, the name of the medical attendant who completed a medical certificate in respect of the death:
  - (xv) The date on which and place where the person's body was disposed of; and
- (b) In the case of death in respect of which the information was expressly recorded,—
- (i) The person's kainga (residence), iwi (tribe) or sub-tribe, and ahuatanga (description):
  - (ii) The degree of Maori ancestry of the person:
  - (iii) The kainga, iwi or subtribe, ahuatanga, and degree of Maori ancestry (if any) of the person's father:
  - (iv) The kainga, iwi or subtribe, ahuatanga, and degree of Maori ancestry (if any) of the person's mother; and
- (c) In the case of a death in respect of which information has been recorded under section 50 of the Act, or a corresponding provision of any former Act,—
- (i) The name of the force or unit in which the person concerned was serving at the time of death:
  - (ii) The person's official number (if any) and rank at the time of death:
  - (iii) The person's last occupation, profession, or job, and usual residential address, before departure from New Zealand:
  - (iv) The source or sources of information from which particulars of the place, time, date, and cause, of the death, and the place in which the person's body was disposed of, were obtained.

**8. Marriage certificates**—There is hereby prescribed to be contained in a marriage certificate—

- (a) In relation to both to the bride and bridegroom,—
  - (i) Full name:
  - (ii) Full name at birth (if different from full name on marriage):
  - (iii) Date of birth, and age at the time of the marriage:
  - (iv) Usual occupation, profession, or job:
  - (v) Marital status (never married, or previously married):
  - (vi) If previously married, how and when each previous marriage dissolved:
  - (vii) Place of birth:
  - (viii) Usual residential address (in full):
  - (ix) Any new names or change of name included (under section 62 (1) of the Act or any corresponding provision of a former Act) in the information relating to the person's birth recorded under the Act or any former Act:
  - (x) Details (relating to any dissolution of marriage or conviction for bigamy) recorded under section 59 or section 60 of the Act or any corresponding provision of a former Act:
- (b) In relation to the parents of the bride and bridegroom, full name; usual occupation, profession, or job; and surname or family name at birth (if not the current surname or family name):
- (c) Date of marriage:
- (d) Place of marriage.

*Prescribed Forms*

**9. Forms**—There are hereby prescribed—

- (a) For a preliminary notice of birth under section 4 of the Act, form 1:
  - (b) For a notification of birth under section 11 of the Act, form 2:
  - (c) For a notice taking responsibility for the disposal of a body under section 40 (1) (b) of the Act, form 3:
  - (d) For a notification of death under section 47 of the Act, form 4:
  - (e) For a certificate under section 59 of the Act of an order—
    - (i) Dissolving a marriage; or
    - (ii) Declaring that a party to a marriage is presumed to be dead and that the marriage is dissolved; or
    - (iii) Declaring a marriage to be void *ab initio*,—  
form 5.
-



SCHEDULE—continued  
PRESCRIBED FORMS—continued  
Form 2

**CHILD**

First or given name(s) of child \_\_\_\_\_

Surname or family name of child \_\_\_\_\_

Sex of child  Female  Male

Was the child stillborn  No  Yes

Is the child one of twins, triplets, etc.  No  Yes → The child is the: \_\_\_\_\_ of:  Twins  Triplets  Other ▼

Date of birth \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

Place of birth  Hospital → Give name of hospital and town or city  Other place → Give address \_\_\_\_\_

Ethnic group(s) Tick as many circles as needed to show which ethnic group(s) the child belongs to

NZ Maori  NZ European or Pakeha  Other European → Which of these groups

Samoan  Cook Island Maori  Tongan  Niuean  Dutch  English

Chinese  Indian  Other (such as Fijian, Vietnamese)  Australian  Scottish

Print other ethnic group(s) here \_\_\_\_\_ ←  Other  Irish

Is the child a descendant of a New Zealand Maori  No  Don't know  Yes

**MOTHER**

Name currently known by \_\_\_\_\_

Name at birth (if different from above) First or given name(s) \_\_\_\_\_ Surname or family name \_\_\_\_\_

Usual occupation, profession, or job \_\_\_\_\_

Date of birth \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

Place of birth \_\_\_\_\_ town or city \_\_\_\_\_ country (if not New Zealand) \_\_\_\_\_

Home address \_\_\_\_\_

Ethnic group(s) Tick as many circles as needed to show which ethnic group(s) the mother belongs to

NZ Maori  NZ European or Pakeha  Other European → Which of these groups

Samoan  Cook Island Maori  Tongan  Niuean  Dutch  English

Chinese  Indian  Other (such as Fijian, Vietnamese)  Australian  Scottish

Print other ethnic group(s) here \_\_\_\_\_ ←  Other  Irish

Are you descended from a New Zealand Maori  No  Don't know  Yes

If the child's mother and father were married to each other at any time between the child's conception and birth, the father's details must be included. In other cases, the father's details may or may not be included depending on the particular circumstances. Consult a Registrar of Births for advice.

**FATHER**

Name currently known by \_\_\_\_\_

Name at birth (if different from above) First or given name(s) \_\_\_\_\_ Surname or family name \_\_\_\_\_

Usual occupation, profession, or job \_\_\_\_\_

Date of birth \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

Place of birth \_\_\_\_\_ town or city \_\_\_\_\_ country (if not New Zealand) \_\_\_\_\_

Home address \_\_\_\_\_

Ethnic group(s) Tick as many circles as needed to show which ethnic group(s) the father belongs to

NZ Maori  NZ European or Pakeha  Other European → Which of these groups

Samoan  Cook Island Maori  Tongan  Niuean  Dutch  English

Chinese  Indian  Other (such as Fijian, Vietnamese)  Australian  Scottish

Print other ethnic group(s) here \_\_\_\_\_ ←  Other  Irish

Are you descended from a New Zealand Maori  No  Don't know  Yes

**SCHEDULE—continued**  
**PRESCRIBED FORMS—continued**  
**Form 2—continued**

Are there any other children of this relationship  
 **Yes**  **No**  
 → How many children  
  
 → Give sex and date of birth for each child  
 If a child has since died or was stillborn show this by ticking circle and also give sex and date of birth of that child

	Female	Male	Since died	Stillborn	day	month	year
Child 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If more children continue details on a separate piece of paper



**Notification  
of Birth  
for  
Registration**

Answer this box only if the parents are legally married to each other

Date of marriage:  day  month  year  
 Place of marriage:  town or city  country (if not New Zealand)

If the parents are legally married to each other either or both may sign here

<input type="text"/>	/ /	<input type="text"/>	/ /
signature of mother	date	signature of father	date

If the parents are not married to each other, the mother must sign here

<input type="text"/>	/ /
signature of mother	date

If the mother and father are not married to each other and the father's details are to be included, both the mother and father are to sign here

MOTHER: I consent to including the father's details in the birth registration of this child

FATHER: I agree to my details being included in the birth registration of this child

<input type="text"/>	/ /	<input type="text"/>	/ /
signature of mother	date	signature of father	date



SCHEDULE—*continued*

PRESCRIBED FORMS—*continued*

Form 3

**Transfer of Charge of Body**



**DECEASED**

	Name <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	First or given name(s)	Surname or family name
Last home address	<input style="width: 95%;" type="text"/>	
Place of death	<input style="width: 95%;" type="text"/>	
Date of death	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>
	day	month
	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>
	year	
Sex	<input type="radio"/> Female <input type="radio"/> Male	

**PERSON WHO IS TRANSFERRING CHARGE OF THE BODY**

	Name <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	First or given name(s)	Surname or family name
Occupation	<input style="width: 95%;" type="text"/>	
Contact address	<input style="width: 95%;" type="text"/>	
Contact telephone number	<input style="width: 95%;" type="text"/>	
Signature of the person who is transferring charge of the body	<input style="width: 95%; height: 30px;" type="text"/>	
	signature	date

**PERSON WHO IS TAKING CHARGE OF THE BODY**

	Name <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	First or given name(s)	Surname or family name
Occupation	<input style="width: 95%;" type="text"/>	
Contact address	<input style="width: 95%;" type="text"/>	
Contact telephone number	<input style="width: 95%;" type="text"/>	
Tick one of these, the one that is true in this case	<input type="radio"/> I am removing the body for anatomical examination under the Human Tissues Act 1964.	
	<input type="radio"/> I take full responsibility for the disposal of the body of the deceased. The place where I intend to dispose of the body of the deceased is:	
Full description of the place where you intend to dispose of the body	<input style="width: 95%; height: 30px;" type="text"/>	
I acknowledge that I have taken custody of the body of the deceased, identified above, and I accept responsibility for notifying a registrar of all legal requirements concerning the death of the deceased.		
I have received the Medical Certificate of Causes of Death / Coroner's Order and I will include it with the Notification of Death for Registration form.		
Signature of the person who is taking charge of the body	<input style="width: 95%; height: 30px;" type="text"/>	
	signature	date

SCHEDULE—*continued*

PRESCRIBED FORMS—*continued*

Form 4



**Notification of Death for Registration**

<b>DECEASED</b>																			
Name of deceased	<input style="width: 60%; height: 20px;" type="text"/> <small>First or given name(s)</small>																		
	<input style="width: 30%; height: 20px;" type="text"/> <small>Surname or family name</small>																		
Name at birth (if different from above)	<input style="width: 60%; height: 20px;" type="text"/> <small>First or given name(s)</small>																		
	<input style="width: 30%; height: 20px;" type="text"/> <small>Surname or family name</small>																		
Date of death	<input style="width: 20%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/> <small>day month year</small>																		
Place of death in full	<input style="width: 100%; height: 30px;" type="text"/>																		
Cause or causes of death (as specified in doctor's certificate or coroner's order)	<input style="width: 100%; height: 30px;" type="text"/>																		
Name of certifying doctor	<input style="width: 100%; height: 20px;" type="text"/>																		
Date last seen alive by certifying doctor	<input style="width: 100%; height: 20px;" type="text"/>																		
Sex of deceased	<input type="radio"/> Female <input type="radio"/> Male																		
Age and date of birth	<input style="width: 20%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/> <small>age day month year</small>																		
Place of birth	<input style="width: 60%; height: 20px;" type="text"/> <input style="width: 40%; height: 20px;" type="text"/> <small>town or city country (if not New Zealand)</small>																		
If not born in New Zealand, number of years lived here	<input style="width: 20%; height: 20px;" type="text"/> Years																		
Usual home address	<input style="width: 100%; height: 20px;" type="text"/>																		
Usual occupation, profession, or job	<input style="width: 100%; height: 20px;" type="text"/>																		
Ethnic group(s) Tick as many circles as needed to show which ethnic group(s) deceased belonged to	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; vertical-align: top;"> <input type="radio"/> NZ Maori                                <input type="radio"/> NZ European or Pakeha                                <input type="radio"/> Other European →                         </td> <td style="width: 70%; vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; padding: 2px;"><b>Which of these groups</b></td> </tr> <tr> <td style="width: 50%; padding: 2px;"><input type="radio"/> Dutch</td> <td style="width: 50%; padding: 2px;"><input type="radio"/> English</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> Samoan</td> <td style="padding: 2px;"><input type="radio"/> Cook Island Maori</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> Tongan</td> <td style="padding: 2px;"><input type="radio"/> Niuean</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> Chinese</td> <td style="padding: 2px;"><input type="radio"/> Indian</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> Other (such as Fijian, Vietnamese)</td> <td style="padding: 2px;"><input type="radio"/> Australian</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> Scottish</td> <td style="padding: 2px;"><input type="radio"/> Irish</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> Other</td> <td style="padding: 2px;"><input type="radio"/> Other</td> </tr> </table> </td> </tr> </table>	<input type="radio"/> NZ Maori <input type="radio"/> NZ European or Pakeha <input type="radio"/> Other European →	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; padding: 2px;"><b>Which of these groups</b></td> </tr> <tr> <td style="width: 50%; padding: 2px;"><input type="radio"/> Dutch</td> <td style="width: 50%; padding: 2px;"><input type="radio"/> English</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> Samoan</td> <td style="padding: 2px;"><input type="radio"/> Cook Island Maori</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> Tongan</td> <td style="padding: 2px;"><input type="radio"/> Niuean</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> Chinese</td> <td style="padding: 2px;"><input type="radio"/> Indian</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> Other (such as Fijian, Vietnamese)</td> <td style="padding: 2px;"><input type="radio"/> Australian</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> Scottish</td> <td style="padding: 2px;"><input type="radio"/> Irish</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> Other</td> <td style="padding: 2px;"><input type="radio"/> Other</td> </tr> </table>	<b>Which of these groups</b>		<input type="radio"/> Dutch	<input type="radio"/> English	<input type="radio"/> Samoan	<input type="radio"/> Cook Island Maori	<input type="radio"/> Tongan	<input type="radio"/> Niuean	<input type="radio"/> Chinese	<input type="radio"/> Indian	<input type="radio"/> Other (such as Fijian, Vietnamese)	<input type="radio"/> Australian	<input type="radio"/> Scottish	<input type="radio"/> Irish	<input type="radio"/> Other	<input type="radio"/> Other
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<b>Which of these groups</b>																			
<input type="radio"/> Dutch	<input type="radio"/> English																		
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<input type="radio"/> Other (such as Fijian, Vietnamese)	<input type="radio"/> Australian																		
<input type="radio"/> Scottish	<input type="radio"/> Irish																		
<input type="radio"/> Other	<input type="radio"/> Other																		
Print other ethnic group(s) here	<input style="width: 60%; height: 20px;" type="text"/> ←																		
Was the deceased descended from a New Zealand Maori	<input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Yes																		
Date and place of disposal of body in New Zealand (or place outside New Zealand to which body proposed to be removed)	<input style="width: 100%; height: 30px;" type="text"/>																		

<b>LIVING CHILDREN OF DECEASED</b>	
Age of each daughter	<input style="width: 100%; height: 20px;" type="text"/>
Age of each son	<input style="width: 100%; height: 20px;" type="text"/>

**SCHEDULE—continued**  
**PRESCRIBED FORMS—continued**  
**Form 4—continued**

PARENTS OF DECEASED	
Mother's full name	<input type="text"/> <small>First or given name(s)</small> <input type="text"/> <small>Surname or family name</small>
Mother's full name at birth (if different from above)	<input type="text"/> <small>First or given name(s)</small> <input type="text"/> <small>Surname or family name</small>
Mother's occupation, profession, or job	<input type="text"/>
Father's full name	<input type="text"/> <small>First or given name(s)</small> <input type="text"/> <small>Surname or family name</small>
Father's full name at birth (if different from above)	<input type="text"/> <small>First or given name(s)</small> <input type="text"/> <small>Surname or family name</small>
Father's occupation, profession, or job	<input type="text"/>

MARITAL STATUS OF DECEASED	
Legal marital status at time of death	<input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Marriage dissolved or divorced <input type="radio"/> Permanently separated <input type="radio"/> Never married
If currently legally married - details of the marriage	
Age at marriage	<input type="text"/> years
Place of marriage	<input type="text"/> <small>town or city</small> <input type="text"/> <small>country (if not New Zealand)</small>
To whom currently married - give full name at time of marriage	<input type="text"/> <small>First or given name(s)</small> <input type="text"/> <small>Surname or family name</small>
Give age of spouse	<input type="text"/> years
If legally married previously - details of previous marriage (1)	
Age at marriage	<input type="text"/> years
Place of marriage	<input type="text"/> <small>town or city</small> <input type="text"/> <small>country (if not New Zealand)</small>
To whom married - give full name at time of marriage	<input type="text"/> <small>First or given name(s)</small> <input type="text"/> <small>Surname or family name</small>
If former spouse living, give age	<input type="text"/> years
If legally married previously - details of previous marriage (2)	
Age at marriage	<input type="text"/> years
Place of marriage	<input type="text"/> <small>town or city</small> <input type="text"/> <small>country (if not New Zealand)</small>
To whom married - give full name at time of marriage	<input type="text"/> <small>First or given name(s)</small> <input type="text"/> <small>Surname or family name</small>
If former spouse living, give age	<input type="text"/> years
Were there more marriages	<input type="radio"/> No <input type="radio"/> Yes → Write details on a separate piece of paper

PERSON REGISTERING DEATH	
Name	<input type="text"/>
Description or occupation	<input type="text"/>
Business or residential address	<input type="text"/>
Contact telephone number	<input type="text"/>
signature	<input type="text"/>
date	<input type="text"/>

SCHEDULE—*continued*  
 PRESCRIBED FORMS—*continued*  
 Form 5



**Certificate of Dissolution of Marriage**

The marriage of   
First or given name(s) of bride

Surname or family name of bride

and   
First or given name(s) of bridegroom

Surname or family name of bridegroom

on   
Date of marriage

at   
Place of marriage

- was dissolved by
- \* (i) an order dissolving the marriage.
  - \* (ii) an order declaring that a party to the marriage is presumed to be dead and that the marriage is dissolved.  
\* Cross out two of these options
  - \* (iii) an order declaring the marriage to be void ab initio.

The order was made by the   
 Family Court at   
place

and took effect as a final order on   
date

I certify that the above is true and correct   
signature of Deputy/Registrar of the Court

Date     
day month year

Court reference No.

MARIE SHROFF,  
 Clerk of the Executive Council.

EXPLANATORY NOTE

*This note is not part of the regulations, but is intended to indicate their general effect.*

These regulations, which come into force the day after notification in the *Gazette*, prescribe the information to be notified, and certain forms to be used, under the Births, Deaths, and Marriages Registration Act 1995.

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Issued under the authority of the Acts and Regulations Publication Act 1989.  
Date of notification in *Gazette*: 7 September 1995.  
These regulations are administered in the Department of Justice.