

# Deposit of overseas death certificate



**Te Tari Taiwhenua  
Internal Affairs**

Where a New Zealand citizen or a person who ordinarily resides in New Zealand dies outside of New Zealand, a death certificate issued outside New Zealand relating to the death can be deposited with Births, Deaths and Marriages.

To deposit a death certificate issued outside New Zealand you must:

- Provide an original death certificate. The original death certificate will be retained by Births, Deaths and Marriages.
- Provide an English translation by an approved organisation if the certificate is not written in English. To find a translation service:
  - Contact the Department of Internal Affairs Translation Service – [www.dia.govt.nz/translation-service](http://www.dia.govt.nz/translation-service)
  - Check the New Zealand Yellow pages under Translation Services – [www.yellow.co.nz](http://www.yellow.co.nz)
  - Contact an overseas NZ Consulate or High Commission office, which may be able to provide a list of translation services for their location – [www.mfat.govt.nz/en/embassies](http://www.mfat.govt.nz/en/embassies)
- Pay the regulated fee for the “Deposit of overseas death certificate”. A further fee may be paid for a “Statement of recorded information about an overseas death”. For the current list of fees visit <http://www.legislation.govt.nz/regulation/public/1995/0185/latest/DLM204757.html> or Freephone 0800 22 52 52 (New Zealand only). If overseas call + 64 9 339 0852
- Post the documents to Births, Deaths and Marriages, PO Box 10526, Wellington 6140, New Zealand.

Provide any additional information known to you that does not already appear on the death certificate. Additional information should be written on a separate sheet of paper – *Please also clearly print the number and description from the table below on the sheet.*

No.	Death Certificate Information	Tick the appropriate box:	On death certificate	Separate sheet	Not known
1.	The person's full name		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The person's full name at birth (if not the person's full name at death)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The date of the death		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	The place of the death		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	The person's usual residential address		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	The person's last known place of residence in New Zealand		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	The person's usual occupation, profession, or job		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	The person's sex		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	The person's date of birth		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	The person's age at death		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Where the person was born		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	The person's nationality		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	How long the person had been in New Zealand		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	When the person was last resident in New Zealand		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	In relation to the person's parents, their full names		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	In relation to the person's parents, full names at birth (if not full name at death)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Relationship status immediately before death (Married; In a civil union; Marriage/civil union dissolved; In a de facto relationship; Spouse/partner deceased; Separated from de facto partner; Permanently separated (from a marriage or civil union); Never in a legal relationship)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	In respect of each time (if any) that the person entered a marriage or civil union: <ul style="list-style-type: none"> <li>• the person's age at the time of the marriage or civil union,</li> <li>• the place of solemnisation of the marriage or civil union,</li> <li>• the marriage or civil union partner's full name at that time, and</li> <li>• the sex of the partner and</li> <li>• and age of the partner when the person died (if still living at that time)</li> </ul>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
19.	In respect of each time (if any) that the person entered a de facto relationship: <ul style="list-style-type: none"> <li>• the partner's full name,</li> <li>• the sex of the partner and</li> <li>• and age of the partner when the person died (if still living at that time)</li> </ul>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20.	The sex and ages of the person's children when the person died (if still living at that time)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	The cause or causes of the person's death, and (if more than 1, in respect of each) the interval between onset and death		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	The name of the doctor who certified the death		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	The date on which the person was last attended by the doctor who certified the death		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	As the case requires, the name of the doctor who completed a doctor's certificate in respect of the death		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	The date on which the person's body was disposed of		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	The place where the person's body was disposed of		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Informant details

Your full name	
Your usual residential address	
Your relationship (if any) to deceased	
Length of time known deceased (if applicable)	
<b>Your signature</b>	Today's date / /