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# TWENTYMANS

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FUNERAL  DIRECTORS

Since 1867

## *Registration of Death for Births, Deaths and Marriages*

PLEASE ENTER INFORMATION REQUIRED BELOW

### *Contact Details:*

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

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

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

Contact Number: \_\_\_\_\_

### *Folio Number:*

\_\_\_\_\_

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### *Details of the Deceased:*

First/given name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Surname/family name: \_\_\_\_\_ Date of Death: \_\_\_\_\_

First/given name(s) at birth: \_\_\_\_\_ Age: \_\_\_\_\_

Surname/family name at birth: \_\_\_\_\_ Doctor: \_\_\_\_\_

Normal Residence: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Place of Death: \_\_\_\_\_ Years in NZ: \_\_\_\_\_

Cause or causes of death: \_\_\_\_\_

Usual occupation, profession or job prior to retirement: \_\_\_\_\_

War Service: \_\_\_\_\_ Reg/Service No: \_\_\_\_\_ Rank: \_\_\_\_\_ Unit: \_\_\_\_\_

Date of burial or cremation: \_\_\_\_\_ Place of burial or cremation: \_\_\_\_\_

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### *Details of Children:*

Name of Child : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age of each daughter: \_\_\_\_\_ Age of each son: \_\_\_\_\_ Ages of deceased children: \_\_\_\_\_

## *Registration of Death for Births, Deaths and Marriages*

**PLEASE ENTER INFORMATION REQUIRED BELOW**

### *Details of Parents:*

Mothers First and middle name(s) at birth: \_\_\_\_\_

Mothers Surname/family name at birth: \_\_\_\_\_

Mothers First and middle name(s): \_\_\_\_\_

Mothers Surname/family name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Fathers First/given name(s): \_\_\_\_\_

Fathers Surname/family name: \_\_\_\_\_

Fathers First/given name(s) at birth: \_\_\_\_\_

Fathers Surname/family name at birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

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### *Details of Spouse/Partner Relationships:*

Marriage/s - To whom married (full name at time of marriage): _____	Age at Marriage: _____	Place of marriage (city and country): _____	Wedding Date: _____
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1st Marriage: _____	_____	_____	_____
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2nd Marriage: _____	_____	_____	_____
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3rd Marriage: _____	_____	_____	_____
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Defacto's Name: \_\_\_\_\_ Current Age: \_\_\_\_\_

Present Marital status: Never Married  Married  Civil Union   
Defacto  Widowed  Seperated  Divorced

If Spouse living state age: \_\_\_\_\_ If divorced, state Spouse age: \_\_\_\_\_