

# Preliminary notice of death



Te Tari Taiwhenua  
Internal Affairs

BDM29

## Instructions:

- Use this form to notify Births, Deaths and Marriages (BDM) of a death.
- The form must be completed by the health practitioner that certified the death.
- You must email the form to BDM within 3 days of certifying the death.
- You can also notify the death online at [deathdocs.services.govt.nz](https://deathdocs.services.govt.nz)
- Do not complete this form for deaths referred to the coroner or stillbirths.
- You can complete this form by hand or by using the 'Fill & Sign' tool in Adobe Acrobat Reader.

## Section 1: New or amended notice

### 1. Does this notice include an amendment to a previous notice?

Yes

No

## Section 2: Deceased's details

### 2. Details

Surname

First or given name(s)

Date of birth (dd/mm/yyyy)

Date of death (dd/mm/yyyy)

## Section 3: Practitioner's details

### 3. Name

Surname

First or given name(s)

#### 4. Contact details

Email address

Contact phone number

Practice or health facility

### Section 4: Cause or causes of death information for a person over 28 days old

Complete this section if you filled out an HP4720 Medical Certificate of Cause of Death.

If you filled out an HP4721 Medical Certificate of Causes of Fetal and Neonatal Death, go to 'Section 5: Cause or causes of death information for a person 28 days old or under' on page 3

#### 5. Part 1 (a): Direct cause including interval between onset and death

Direct cause

Approx. interval between onset and death

#### 6. Part 1 (b): Antecedent cause including interval between onset and death

Antecedent cause

Approx. interval between onset and death

#### 7. Part 1 (c): Underlying condition including interval between onset and death

Underlying condition

Approx. interval between onset and death

## 8. Part 2: Other significant conditions including interval between onset and death

Other significant conditions

Approx. interval between onset and death

## Section 5: Cause or causes of death information for a person 28 days old or under

Complete this section if you filled out a HP4721 Medical Certificate of Causes of Fetal and Neonatal Death for a liveborn infant that died within 28 days.

A preliminary notice of death does not need to be provided to Births, Deaths and Marriages if the child was stillborn.

If you filled out a HP4720 Medical Certificate of Cause of Death, continue to 'Section 6: Health practitioner's signature'.

## 9. Cause or causes of death information

Main disease or condition of infant

Other diseases or conditions of infant

Main maternal disease or condition affecting infant

Other maternal diseases or conditions affecting infant

Other information

## Section 6: Health practitioner's signature

### 10. Signature

Signature

Date signed (dd/mm/yyyy)

Email this form to [PNOD@dia.govt.nz](mailto:PNOD@dia.govt.nz) and copy in [NHIidentity@tewhatauora.govt.nz](mailto:NHIidentity@tewhatauora.govt.nz)

If you completed the form in Adobe Acrobat Reader, save the PDF before attaching to the email.