

# Request for New Zealand Civil Union Certificate or Printout Tono Tiwhikete Hononga ā-Ture o Aotearoa, Tānga rānei

INTERNAL AFFAIRS

Te Tari Taiwhenua

You may be able to order your certificate and/or printout by phoning us  
☎ Freephone 0800 22 52 52 (+64 4 463 9362 if outside New Zealand)

**A certificate is** an official document containing registered information.

**A printout is** a copy of the information from the registration and is not a legal document. A printout is either typed or a copy of the handwritten entry. Whether a typed or copy of the handwritten entry is issued depends on the record - *this is not an option.*

## Part A: The civil union certificate/printout I want (Fields with \* must be completed)

### Partner 1 details

Surname\* (State the name entered into the civil union under)

First names\*

### Partner 2 details

Surname\* (State the name entered into the civil union under)

First names\*

Place of civil union (town or city)

Date of civil union\*

D	D	M	M	Y	Y	Y	Y
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Other information

## Part B: Delivery Address



If a standard certificate is ordered, it will be folded and the delivery name and address will appear on the back

If ordering certificates and printouts: the certificate will be posted to you and the printout will be emailed

Delivery name (if different from above)

Flat number (if applicable)

Street number

Street

Suburb or rural locality

City, town or district

Postcode

Country (if not New Zealand)

Your daytime phone number ☎

Your email address ✉ (If ordering a Printout we will email it to you)

If you intend to use this certificate overseas refer to  
[www.dia.govt.nz/Document-authentication](http://www.dia.govt.nz/Document-authentication)

## Part C How many certificates/printouts and Payment details

DO NOT POST CASH

### Certificates

A certificate is an official document containing registered information



\$33.00 each

Quantity

### Printouts

A civil union printout is a  
typed copy of the entry

\$25.00 each

Quantity

Surname:  
Names (R)

Total amount to pay \$

☐ I enclose a New Zealand cheque, New Zealand money order or International bankdraft in New Zealand dollars made out to: The Department of Internal Affairs

☐ Charge my credit/debit card:

☐ VISA ☐ Mastercard ☐ Amex ☐ Prezyzy Card

Card number

Expiry date

Cardholder's name

Cardholder's signature

☐ **Courier fee (optional)** add \$5.00 if to a New Zealand address  
If you wish to courier to an overseas address contact us for details

• If paying in person at our Auckland, Manukau, Wellington or Christchurch office we also accept EFTPOS and cash payments  
• If the record cannot be found we will contact you and search fees will apply

**The following two Declarations must be completed****Part D Declarations**

**Warning** It is an offence, punishable by imprisonment and/or a fine of up to \$10,000, to make a false statement to obtain a certificate, printout or a source document, or to provide any means of identification knowing that it is false or is suspected to be forged or falsified.

**1. My declaration (the person ordering the certificate/printout must complete)****My Details**

Surname

First names

Surname at birth (if different from above)

First names at birth (if different from above)

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

Date of birth

D	D	M	M	Y	Y	Y	Y
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**I declare that the information about me that is entered on this form is true and correct**

Signature

Date signed

D	D	M	M	Y	Y	Y	Y
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If ordering on behalf of a company state their name below and include an original signed request on letterhead

Your details or the company name will be entered in the Access Register. For information about the Access Register visit [www.bdm.govt.nz](http://www.bdm.govt.nz)**2. Referee's declaration (any other person 16 years of age or older must complete)****I am 16 years of age or older and have known the orderer for at least 6 months or have seen a government issued photo identification of the orderer and I am satisfied the information about the orderer's identity stated in this form is true and correct**

Signature of referee

Date signed

D	D	M	M	Y	Y	Y	Y
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Full name of referee

Phone number of referee

Contact address of referee

**Declarations - Make sure that both 1. and 2. are completed and signed**

Post with fee to:

**Certificate Team  
Births, Deaths and Marriages  
PO Box 10526  
Wellington 6143  
New Zealand**

**Privacy Statement** The information on this form is collected under the Births, Deaths, Marriages, and Relationships Registration Act 1995. As part of processing your request, your identification details will be checked against other records held by Births, Deaths and Marriages or other government agencies, as authorised by law.