

Te Tari Taiwhenua

# APPLICATION FOR REPLACEMENT OF NEW ZEALAND CITIZENSHIP CERTIFICATE

The fee for this application is **NZ\$112.40** (including GST). This application must be completed by the applicant unless s/he is under the age of 16 years. If you are sending original documents in support of your application, for safest delivery, these should be sent by courier. The processing time for a correct application is 15 working days and there is no urgent service.

Name	Please tick: Mr Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs	Is Miss Master Other
	Given/First name(s)	
	Other Names (e.g. birth name, unmarried name, name chan	ge, alias, English names if used etc)
Identification	Town/City of birth	Birthdate (day, month, year)
		] [/
	(Suburb, town, city)	
	Country of birth	Sex
		male female
	Date of Grant (day, month, year) Place of	Grant
	/ /	
Mailing Address:	Address: Street	
(Where certificate will be sent)	Suburb	
	Town/City	Province
	Country	Post Code
		,
	Telephone: Home	Work
		1 _
	Mobile	Fax

#### **Privacy Act**

#### **Authorised information matching programmes**

Information held by Citizenship can be used in authorised information matching programmes by the Electoral Enrolment Centre, the Department of Internal Affairs, the Inland Revenue Department, the Land Transport New Zealand, the Ministry of Education, the Ministry of Social Development and the Workforce Group (Immigration Services) as authorised by statute. Details are available on the Internal Affairs website - www.dia.govt.nz or call 0800 22 5151

Collection and use of information provided in support of application

This application form requires you to produce certain information in support of your application. The decision to supply the information is voluntary. If you do not produce sufficient information to enable a confirmation of New Zealand citizenship to be determined, the application will be declined.

The collection of this information is required to see if the requirements of the Citizenship Act 1977 are met, to process the application and for other lawful purposes. The information you provide in this form is collected and held by: Department of Internal Affairs, PO Box 10-526, Wellington, New Zealand and the Ministry of Foreign Affairs and Trade.

You have a right of access to and correction of personal information you have provided under the Information Privacy Principles of the Privacy Act 1993.

- I declare that the statements made in this application are to the best of my knowledge true, complete and correct.
- I understand that if false information has been provided any citizenship certificate issued on the basis of that information may be cancelled and the matter referred to the New Zealand Police.
- I confirm that I have read and understood the statement above relating to privacy.
- I consent to information being obtained about me for the purposes of determining eligibility with respect to this application by an authorised information matching programme in accordance with section 78A of the Births, Deaths and Marriages Act 1995.
- I authorise any additional enquiries necessary for determining this application for confirmation of New Zealand citizenship.

Applic	cant
Name	
Signed	
Dated	

If applicant is under 16 years of age the parent must sign this form.

## Lodging an Application

Completed applications or any queries concerning New Zealand citizenship can be sent to:

The Citizenship Office Identity Services Department of Internal Affairs

0800 22 51 51 (within New Zealand only)
Fax 64-4-382 3561

Tel 64-4-474 8123

PO Box 10-680, Wellington, New Zealand Email staykiwi@dia.govt.nz www.citizenship.govt.nz

Applicants who are residing outside New Zealand may lodge their application at some New Zealand High Commissions, Embassies or Consulates.

## **Fees and Payment** Please do not send cash Cheque / Bankdraft - Please make payable to "Department of Internal Affairs" Please enclose a fee of NZ\$112.40 per applicant. Please charge my: Mastercard Expiry date: Credit Card Number: Print Full name of Cardholder: Amount: NZ\$ Please charge the return courier fee to my credit card Signature: **OFFICE USE ONLY**

## **PROOF OF IDENTITY**

01/06/2005

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## Can you act as a witness?

To act as a witness you must:

- be aged 16 years or over; and
- · not be a relative or partner; and
- not live at the same address; and EITHER
- have known the applicant for more than 12 months OR
- · since birth if the child is under 12 months old

This form must be completed by your witness in their own handwriting Please provide two passport size photos of the applicant – See "Photographs" below

Personal details of the witness			
Surname or family name			
Given or first names			
Occupation			
Date of Birth (day, month, year)	/ /		
Address: Street		Suburb	
Town/City		Country	
Telephone: Home		Work	
Mobile		Fax	
Email			
Declaration	I declare that I have known:		
Surname or family name of applicant			
Given or first names of applicant			
	for years/months and can confirm their identity.  I have written the FULL name of the applicant, dated and signed my own name on		
	the back of one photograph.	e applicant, dated and signed my own name on	
	Signature of witness	Date	
Please provide 2 identical passport size photos of the applicant.  Both photos must be the same in all aspects - two prints from the same negative - taking care they are not damaged by staples, pins, paperclips, folding or ink. Photos are required for all applicants.  The Photos must be:  • recent, less than 6 months old  • be a full front, close up view of the head and shoulders with the head covering 70% to 80% of the photograph  • be taken with a neutral expression (not laughing or frowning) with your mouth closed. Show you looking straight at the camera, and your head not tilted. Show your eyes open and clearly visible, and no hair in your eyes  • without sunglasses. Tinted prescription glasses may be worn as long as eyes are still visible  • a true image and not altered in any way  • clear, sharp and in focus  • with a plain light coloured background (not white)  • be of good quality colour and on high quality paper, with no ink marks on the image (no ink jet printers)  • 45mm x 35mm in size.  (Do not trim your photos)			
The authorised person who witnesses the statutory declaration below must write the full name of the applicant on the back of one photo, and sign and date it.			

**Please note:** Businesses that specialise in taking passport size photos will usually supply one with a preprinted label on the back. Contact the Citizenship

Officer if you require further information on photographic image requirements.

## THE DEPARTMENT OF INTERNAL AFFAIRS

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## STATUTORY DECLARATION

Warning this form is a statutory declaration. Do not give any false information or conceal any facts. This is an offence and you may lose your New Zealand citizenship.

Before submitting your application for a replacement certificate you are required to sign this statutory declaration and have it witnessed by an authorised person.

"Authorised" people include: Justices of the Peace, solicitors, Members of Parliament and New Zealand representatives overseas. If you are under 16 years old your parent or guardian <u>must complete and sign this declaration</u> on your behalf using their full name

Was the citiz	enship certificate: tick one				
	Lost Destroyed Stolen Damaged (if damaged p certificate to this office v	ease return vith the application)			
Please explain what happened to your certificate:					
1	of				
(your full name	r full name and occupation) (place where you live)				
	d sincerely declare that I believe the facts in this declaration are correct same to be true and by virtue of Oaths and Declarations Act 1957.	and I make this solumn declaration conscientiously			
Declared at		/ /			
	(town)	day month year			
Signed					
	Your signature				
Before me					
	Authorised person's full name and occupation/ authority				
Signed	Authorized parcon's signature				
	Authorised person's signature				