

APPLICATION FOR CERTIFIED COPY OF DESCENT REGISTRATION CERTIFICATE

Name

Show names in full from full birth certificate of the person being registered unless name has been legally changed (eg: by marriage, deed poll, statutory declaration)

Please tick: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Master ☐ Other

Family/Last name(s)

Given Name/First name(s)

Other Names (e.g birth name, unmarried name, name change, alias, English names if used etc)

Why has your name changed? (please tick)

marriage / civil union ☐ declaration ☐ common use ☐ adoption ☐

other (explain)

Identification

Town/City of Birth Birthdate (day, month, year) / /

Country of birth Sex male ☐ female ☐

Date of registration / / Place of registration

Parent's details

Name as it appears on New Zealand birth certificate or New Zealand citizenship certificate unless it has been legally changed (eg: by marriage, deed poll or statutory declaration)

Mother

Family/Last name(s)

Given/First name(s)

Other Names (e.g. birth name, unmarried name, name change, alias, English names if used etc)

Town/City of Birth Birthdate (day, month, year) / /

Country of birth Date of marriage/civil union / /

Father

Family/Last name(s) Town/City of birth

Given/First name(s) Country of birth

Other Names (e.g. birth name, unmarried name, name change, alias, English names if used etc) Birthdate (day, month, year) / /

PLEASE NOTE:

This is the address that the completed certificate will be sent to

Address: Street

Suburb

Town/City Province

Country Post Code

Telephone: Home Work

Mobile Fax

Email

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 this 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 10-680, 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 claimant's eligibility for the registration of New Zealand citizenship.

Applicant

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 registration of New Zealand citizenship by descent can be sent to:

The Citizenship Office
Identity Services
Department of Internal Affairs
PO Box 10-680, Wellington, New Zealand

Tel 64-4-474 8123
0800 22 51 51 (within New Zealand only)
Fax 64-4-382 3561
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 enclose a fee of
NZ\$112.40 per applicant.

Please do not send cash

Cheque / Bankdraft - Please make payable to "Department of Internal Affairs"

Please charge my:	Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>	Expiry date:	<input type="text"/> / <input type="text"/>
Credit Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Full name of Cardholder:	<input type="text"/>			
Amount:	<input type="text"/> NZ\$			
	Please charge the return courier fee to my credit card <input type="checkbox"/>			
Signature:	<input type="text"/>			

OFFICE USE ONLY

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	<input type="text"/>		
Given or first names	<input type="text"/>		
Occupation	<input type="text"/>		
Date of Birth (day, month, year)	<input type="text"/>	/	<input type="text"/>
Address: Street	<input type="text"/>	Suburb	<input type="text"/>
Town/City	<input type="text"/>	Country	<input type="text"/>
Telephone: Home	<input type="text"/>	Work	<input type="text"/>
Mobile	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

Declaration

I declare that I have known:

Surname or family name of applicant	<input type="text"/>
Given or first names of applicant	<input type="text"/>

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.

<input type="text"/>	<input type="text"/>
Signature of witness	Date

Photographs

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)



CERTIFIED TRUE LIKENESS OF

ANA MARIE WELLS
(Full Name of Applicant)

J Mitchell
(Signature of Witness/Identifier)

Date **01/06/2005**

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.