DRG003 / DCS: CERTCP



APPLICATION FOR CERTIFIED COPY OF DESCENT REGISTRATION CERTIFICATE

| Name | Please tick: Mr Mrs Miss Master Other Family/Last name(s) |
|---|--|
| 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) | 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 | Mother Family/Last name(s) |
| 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) | 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 / / |
| | 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 51 51

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 10680, 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 2020.

- 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 the Births, Deaths, Marriages and Relationships Registration Act 2021.
- I authorise any additional enquiries necessary for determining this claimant's eligibility for the registration of New Zealand citizenship.

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

Lodging an application Queries

Citizenship Office Phone: +64 4 462 0651

PO Box 10680 Freephone: 0800 22 51 51 (within New Zealand only)

Wellington 6140 Website: www.govt.nz/citizenship

New Zealand

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

| | New Zealand High | Commissions, Empassies or Consulates. | | | |
|---|--|--|--|--|--|
| Fees and Payment | Please do not send cash | | | | |
| Please enclose a fee of NZ\$112.40 per applicant. | Cheque / bankdraft - Please make payable to "Department of Internal Affairs" | | | | |
| | Please charge my: | Mastercard Visa 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



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 FITHER
- 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 2 passport size photos of the applicant – see "Photographs" below.

| | assport size photos of the applicant – see Thotographs octow. | | | |
|--|---|--|--|--|
| 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. | | | |
| | | | | |
| | 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 <u>all</u> 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 | | | |
| alarehanin 2 " | 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 | | | |
| 45mm | without sunglasses. Tinted prescription glasses may be worn as long as eyes are | | | |
| | still visiblea 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 | | | |
| 35mm ——— | image (no ink jet printers) • 45mm x 35mm in size. | | | |
| CERTIFIED TRUE LIKENESS OF | (Do not trim your photos) | | | |
| ANA MARIE WELLS (Full Name of Applicant) | The authorised person who witnesses the statutory declaration below | | | |

and sign and date it.

01/06/2005

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.

must write the full name of the applicant on the back of one photo,