DCS: REPLACEMENT



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 they are 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 20 working days and there is no urgent service.

Name	Please tick co	rect box: Mr Mrs	Ms Miss		
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 Names Name at Time of Grant or Other Names	Registration			
Identification	Place of Birth (Suburb, Country of birth Date of Grant (day, month)	town, city) , year) P	Gende	r ale female	non-binary
Mailing Address: (Where confirmation will be sent)	Address: Street Suburb Town/City Country Telephone: Home Mobile Email		Province Post Co		

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 Department of Internal Affairs website – www.dia.govt.nz or call 0800 22 5151

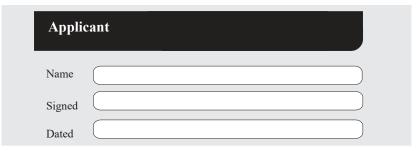
Collection and use of information provided in support of application

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 10-526, Wellington, New Zealand.

You have a right of access to and correction of personal information you have provided under 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 section 112A of the Births, Deaths and Marriages Act 2021.
- · I authorise any additional enquiries necessary for determining this application for confirmation of New Zealand citizenship.



If applicant is under 16 years of age, their guardian must sign this form.

Lodging an Application

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

The Citizenship Office Department of Internal Affairs PO Box 10680 Wellington 6140 New Zealand Contact information: govt.nz/contact-citizenship-office Email: Issuance.2@dia.govt.nz

Do not email the completed form to us. Only use email for queries about the form.

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				
Please enclose a fee of NZ\$112.40 per applicant.	Please charge my: Credit Card Number: Print Full name of	Mastercard Visa Expiry date: //			
	Cardholder: Amount: Signature:	NZ\$ Please charge the return courier fee to my credit or debit card			

OFFICE USE ONLY

CIT February 2024

PROOF OF IDENTITY



Can you act as a witness?

To act as a witness you must:

- not be a relative or partner; and
- be aged 16 years or over; 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 witne	ss			
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				
	Email				
Declaration		I declare that I have known:			
Surname or family name o	f 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 signed			

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
- a full front, close up view of the head and shoulders with the head covering 70% to 80% of the photograph
- taken with a neutral expression (not laughing or frowning) with your mouth closed.
- showing you looking straight at the camera, your head not tilted, your eyes open and clearly visible, and with 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)
- black and white or coloured, as long as it is a good likeness
- of good quality colour and on high quality paper, with no ink marks on the image (no ink jet printers)
- approximately 50mm x 40mm 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.

CERTIFIED TRUE LIKENESS OF

(Full Name of Applicant)

(Signature of Witness/Identifier)

Date 01/06/2003



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" p	people include:	Justices of the Peace, so	licitors, Members of	Parliament and New Zeala	and representatives overseas.
f you are unde	er 16 years old	your parent or guardian <u>ı</u>	nust complete and s	ign this declaration on you	r behalf using their full name.
Was the citiz	zenship certi	ficate: tick one			
	Lost	Destroyed	Stolen		nmaged please return certificate th the application)
Please expl	ain what ha	appened to your ce	rtificate:		
your full name	and occupation			of	a vou liva
olemnly, and	sincerely decla	re that I believe the facts and by virtue of the Oath		are correct and I make this	solumn declaration conscientiously
eclared at .		(town)			on
igned	Your signature				
efore me					
	Authorised per	son's full name and occupation	/authority		
Signed	Authorised per:	son's signature			