

APPLICATION FOR CERTIFIED COPY OF DESCENT REGISTRATION CERTIFICATE

Please completed all the details requested below, as these are required for the certificate you are ordering. The processing time for a certified copy of Descent Registration Certificate is **10 working days** and there is no urgent service.

The fee is NZ \$110.00 (including GST) per certificate.

APPLICANT'S DETAILS

Please circle your preferred title: Mr / Mrs / Miss / Ms

SURNAME: _____

First name(s): _____

Date of Birth: _____

Place of Birth: _____

Country: _____

When and Where Registered: _____

PARENTS' DETAILS

Mother:Name: _____

Place of birth: _____ Country: _____

Is your mother a New Zealand citizen? (*Circle correct one*) YES / NO

Father: Name: _____

Place of birth: _____ Country: _____

Is your father a New Zealand citizen? (*Circle correct one*) YES / NO

ADDRESS TO SEND CERTIFICATE

Home telephone number: _____ Work telephone: _____

Fax number: _____ Email: _____

Information in this form is collected for the purpose of validating your New Zealand citizenship under the Citizenship Act 1977. The information is collected and held by the Department of Internal Affairs, P O Box 10 526, Wellington. The supply of the information requested in this form is voluntary, however if you do not produce sufficient information the Department will be unable to issue you with a certified copy of your descent registration certificate.

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

Signature : _____ Date : _____

PROOF OF IDENTITY

CITIZENSHIP

Raraunga

THIS FORM MUST BE COMPLETED BY THE WITNESS IN THEIR OWN

Can you act as a witness?

To act as a witness you must:

- be aged 16 years or over; and
- not be a relative; and
- must have known the applicant for more than 12 months

Personal details of the witness

Surname or family name _____

Given of first names _____

Occupation _____

Date of Birth Day _____ Month _____ Year _____

Home or Business Street Address (not a Post Office Box) _____
Number _____ *Street* _____

_____ *Town or City* _____ *Country* _____

Home phone number [] _____

Work phone number [] _____

E-mail address _____

Declaration

I declare that I have known:

Surname or family name of applicant _____

Given or first names of applicant _____

for _____ years 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

47 Boulcott St, PO Box 10-526, Wellington, New Zealand-Call Free 0800 22 51 51, Phone +64 4 474 8123,

The Department of Internal Affairs Te Tari Taiwhenua

Facsimile +64 64 382 3561, E.mail staykiwi@dia.govt.nz