

# APPLICATION FOR CONFIRMATION OF NEW ZEALAND CITIZENSHIP BY GRANT

The fee for this application is NZ \$110.00 (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 **10 working days** and there is no urgent service

(please tick correct box) Mr  Mrs  Miss  Ms

Family Name:

Given Names :

Name at Time of Grant:

Other Names :

Place of Birth:    
*(Suburb, town, city)* *(Country)*

Date of Birth:  Sex: (tick box) Male:  Female:   
*(day / month / year)*

Date of Grant:  Place of Grant :   
*(day / month / year)*

Mailing Address:   
*(Where confirmation will be sent)*

Residential Address :   
*(If different from above)*

Telephone No:    
*(Home)* *(Work)*

Email Address:  Fax:

Information in this form is collected for the purpose of confirming your New Zealand citizenship under the Citizenship Act 1977. The information is collected and held by the Department of Internal Affairs, PO 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 your confirmation.

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.

I authorise the release by any Government agency of personal information about me which may assist the Minister of Internal Affairs to decide whether I am a New Zealand citizen. I recognise that this information may be provided by agencies including:

- Ministry of Foreign Affairs and Trade
- New Zealand Armed Forces
- New Zealand Immigration Service
- New Zealand Customs

I authorise the Department to make all other necessary enquiries regarding my eligibility for New Zealand citizenship.

Applicant's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PROOF OF IDENTITY



**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

September 2003