

APPLICATION FOR CONFIRMATION OF BIRTH IN NEW ZEALAND

FEE

Fee of NZ\$112.40 (includes GST) for each application.

Processing an application takes **15 working days** from receipt of a **correct and complete application**. Extra time should also be allowed for delivery to and from the Citizenship Office.

NOTE:

Use this application form if:

• you were born in New Zealand before 1 January 2006

or

• you were born in New Zealand on or after 1 January 2006 and at least one of your parents had the right to reside in New Zealand indefinitely.

Please refer to the Department of Internal Affairs if you were born outside of these dates, and for information regarding your eligibility for Citizenship.

DOCUMENTS REQUIRED

- · Applicant's full New Zealand birth certificate, showing parents' details
- 2 passport size photos of the applicant, 1 witnessed on the reverse side by the person who has completed the proof of identity section of the application form
- Any other documents that show name changes for the applicant such as marriage/civil union certificates or statutory declaration name change.

Please note that the Department does not accept photocopies of documents of any kind.

REFUND POLICY

We are not authorised to issue refunds once the application has been lodged with the Department. The fee is for investigating the claim and does not depend on the outcome.

CONTACT THE CITIZENSHIP OFFICE:

For further queries please contact the Department. Phone: 0800 22 51 51 or +64 4 462 0651 if calling from outside New Zealand Email: staykiwi@dia.govt.nz Website: www.citizenship.govt.nz



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| Name | Family/Last name(s) | | | | | | |
|---|---|-------|--|--|--|--|--|
| Show names in full from full birth certificate Full New Zealand Birth Certificate required | Given/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 other (explain) date of marriage /civil union | | | | | | |
| Identification | Town/City of birth Birthdate (day, month, y | year) | | | | | |
| | Country of birth Sex male female | ; | | | | | |
| Parent's details | Please tick: Mrs Miss Other | | | | | | |
| 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 | Mother Family/Last name(s) Given/First name(s) | | | | | | |
| or statutory declaration) | Other Names (e.g. birth name, unmarried name, name change, alias, English names if used etc) | | | | | | |
| | Father Please tick: Mr Other Family/Last name(s) Other Other | | | | | | |
| | Given/First name(s) | | | | | | |
| | Other Names (e.g. birth name, unmarried name, name change, alias, English names if used etc) | | | | | | |
| | | | | | | | |
| PLEASE NOTE: This is the address that the completed certificate will be sent to | Address: Street | | | | | | |
| | Town/City Province Country Post Code | | | | | | |
| | Telephone: Home Work | | | | | | |
| | Mobile Fax Email | | | | | | |

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 10680, Wellington, New Zealand.

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 Registrations Act 2021.
- I authorise any additional enquiries necessary for determining this application for confirmation of New Zealand citizenship.

| Applie | cant |
|--------|------|
| Name | |
| Signed | |
| Dated | |

Lodging an Application

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

Citizenship Office PO Box 10680 Wellington 6140 New Zealand

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. | 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



| | | | Similar | MC.T. | | | | | |
|--|--|-----------------|----------|------------|------------|--------------|--|--|--|
| Can you act as a witness? | To act as a witness you must: • be aged 16 years or over; and | ł | | | | | | | |
| | not be a relative or partner; a not live at the same address; | and | | | | | | | |
| | EITHER | | 12 mai | nthe | | | | | |
| | have known the applicant for OR | | | itins | | | | | |
| This form mus | since birth if the child is under t be completed by your witness in | | | vritina. | | | | | |
| This form must be completed by your witness in their own handwriting. Please provide 2 passport size photos of the applicant – See "Photographs" below. | | | | | | | | | |
| 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 voorsimo | onthe and ca | n confr | m thair i | dontitu |] | | | |
| 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 | | | | | | | | |
| | Both photos must be the same in all taking care they are not damaged by | | | | | | | | |
| | 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 th 70% to 80% of the photograph | he head and | should | ers with t | the head | covering | | | |
| all changes in the | • be taken with a neutral expression | | | | | | | | |
| 45 Martin Carlo Ca | closed. Show you looking straight your eyes open and clearly visible | e, and no hai | r in you | ir eyes | | | | | |
| | without sunglasses. Tinted prescri still visible | iption glasse | s may b | e worn a | is long as | s eyes are | | | |
| | a true image and not altered in all clear, sharp and in focus | ny way | | | | | | | |
| 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) | | | | | | is on the | | | |
| CERTIFIED TRUE LIKENESS OF • 45mm x 35mm in size. (Do not trim your photos) | | | | | | | | | |
| | | | | | | | | | |
| I Mitchell | The authorised person who with must write the full name of the and sign and date it. | | | | | | | | |
| (Signature of Witness/Identifier) | - | rialise in taki | ng nass | nort size | photos | will usually | | | |
| Date 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. | | | | | | | | |