



### APPLICATION FOR CONFIRMATION OF NEW ZEALAND CITIZENSHIP BY GRANT

The fee for this application is NZ\$112.40 (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 15 working days and there is no urgent service.

<b>Name</b>	Please tick: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Master <input type="checkbox"/> Other <input type="text"/>	
	Family Name	<input type="text"/>
	Given Names	<input type="text"/>
	Name at time of Grant	<input type="text"/>
	Other Names	<input type="text"/>

<b>Identification</b>	Place of Birth	Birthdate (day, month, year)
	<input type="text"/>	<input type="text"/>
	(Suburb, town, city)	
	Country of birth	Sex
<input type="text"/>	male <input type="checkbox"/> female <input type="checkbox"/>	
Date of Grant (day, month, year)	Place of Grant	
<input type="text"/>	<input type="text"/>	

<b>Mailing Address:</b> (Where confirmation will be sent)	Address: Street	<input type="text"/>		
	Suburb	<input type="text"/>		
	Town/City	<input type="text"/>	Province	<input type="text"/>
	Country	<input type="text"/>	Post Code	<input type="text"/>
	Telephone: Home	<input type="text"/>	Work	<input type="text"/>
	Mobile	<input type="text"/>	Fax	<input type="text"/>
	Email	<input type="text"/>		

**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](http://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 10-680, 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 1993.

- 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 78A of the Births, Deaths and Marriages Act 1995.
- I authorise any additional enquiries necessary for determining this claimant’s eligibility for the registration of New Zealand citizenship.

**Applicant**

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**  
 The Citizenship Office  
 Department of Internal Affairs  
 PO Box 10-680  
 Wellington, New Zealand

**Queries**  
 Tel: +64-4-474 8123  
 0800 22 51 51 (within New Zealand only)  
 Fax: +64-4-382 3561  
 Email: [Issuance.2@dia.govt.nz](mailto:Issuance.2@dia.govt.nz)  
 Website: [www.govt.nz/citizenship](http://www.govt.nz/citizenship)

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

**Fees and Payment**

*Please enclose a fee of NZ\$112.40 per applicant.*

**Please do not send cash**

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:   

Please charge the return courier fee to my credit card

Signature:

**OFFICE USE ONLY**



### 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
- 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 witness

Surname or family name	<input type="text"/>		
Given or first names	<input type="text"/>		
Occupation	<input type="text"/>		
Date of Birth (day, month, year)	<input type="text"/>	/	<input type="text"/>
Address: Street	<input type="text"/>	Suburb	<input type="text"/>
Town/City	<input type="text"/>	Country	<input type="text"/>
Telephone: Home	<input type="text"/>	Work	<input type="text"/>
Mobile	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

### Declaration

**I declare that I have known:**

Surname or family name of applicant	<input type="text"/>
Given or first names of applicant	<input type="text"/>

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.**

<input type="text"/>	<input type="text"/>
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 all 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 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
- 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)
- be of good quality colour and on high quality paper, with no ink marks on the image (no ink jet printers)
- 45mm x 35mm in size.  
(Do not trim your photos)



CERTIFIED TRUE LIKENESS OF

ANA MARIE WELLS  
(Full Name of Applicant)

J Mitchell  
(Signature of Witness/Identifier)

Date 01/06/2005

**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.