

Attach documents here

General Identity Declaration

BDM130 o8/09

THE DEPARTMENT OF INTERNAL AFFAIRS

Te Tari Taiwhenua

Reference number

Print clearly. Initial any alterations. Tick boxes like this

Applicant's Declaration

If requested by Births, Deaths and Marriages, complete this declaration in full and attach it to any other documents you are required to provide and post it to:

Births, Deaths and Marriages
PO Box 10526
Wellington 6143
New Zealand

Read this:

Warning: It is an offence, punishable by imprisonment and/or fine of up to \$10,000, to make a false statement to obtain a certificate, printout or any other document, or to provide any means of identification knowing that it is false or is suspected to be forged or falsified.

Note: If applying for birth, marriage, civil union or name change information, the applicant's name may be entered in the Access Register. Contact us for more information about the Access Register.

Contact us if you have any questions:

- Visit our website www.bdm.govt.nz
- Email bdm.nz@dia.govt.nz
- Freephone 0800 22 77 77 (New Zealand only) or +64 4 474 8150 (if overseas).

Applicant's Full Name

First or given names

Surname or family name

Applicant's Full Name at birth (if different from above)

First or given names at birth

Surname or family name at birth

Applicant's Date of birth

Date

Applicant's Place of birth

City or town

Country (if not New Zealand)

If applying on behalf of a company or organisation include an original signed request on letterhead and their name below

I declare that the information about me that is entered on this form is true and correct

Signature of applicant

Date

Privacy

The information on this form is collected under the Births, Deaths, Marriages, and Relationships Registration Act 1995. As part of processing your request for a Births, Deaths and Marriages product or service, your identification details may be checked against other records held by Births, Deaths and Marriages or other government agencies, as authorised by law.

Trusted Referee's Declaration

Read this:

Warning: It is an offence, punishable by imprisonment and/or fine of up to \$10,000, to make a false statement to obtain a certificate, printout or any other document, or to provide any means of identification knowing that it is false or is suspected to be forged or falsified.

Contact us if you have any questions:

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- Email bdm.nz@dia.govt.nz
- Freephone 0800 22 77 77 (New Zealand only) or +64 4 474 8150 (if overseas).

A trusted referee must be one of the following: (tick one of the following)

- | | | |
|--------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Registrar of Births, Deaths and Marriages | <input type="checkbox"/> Member of the Police | <input type="checkbox"/> Minister of religion |
| <input type="checkbox"/> Commonwealth Representative | <input type="checkbox"/> Kaumatua | <input type="checkbox"/> Lawyer |
| <input type="checkbox"/> Registered medical doctor | <input type="checkbox"/> Registered teacher | <input type="checkbox"/> Notary Public |
| <input type="checkbox"/> Justice of the Peace | <input type="checkbox"/> Applicant's employer | |

and must not be:

- A relative or part of the family group of the applicant; or
- A partner of the applicant; or
- A person who lives at the same address as the applicant.

Instructions to trusted referee:

- If the applicant's birth is registered in New Zealand complete statement 1 or statement 2.
- If the applicant's birth is registered outside New Zealand complete statement 2.

I declare that I am at least 16 years of age and (tick one of the following)

1. I have known the applicant for at least 12 months and to the best of my knowledge the information about the applicant's identity stated in this form is true and correct.
2. I have seen a current government-issued photo identification of the applicant and I am satisfied that it matches the information about the applicant's identity stated in this form.

Signature of trusted referee

Full name of trusted referee

Date

Daytime mobile or phone number of trusted referee

Contact address of trusted referee

Then have a trusted referee verify the information you have given on this form