

## Request for New Zealand Name Change Certificate or Certified true copy of Declaration

INTERNAL AFFAIRS

Te Tari Taiwhenua

Please note that you may be able to order your certificate or certified true copy by ☎ Freephone 0800 22 77 77 (+64 4 474 8101 if outside New Zealand)

**Note: If the subject's birth is registered in New Zealand you need to request a Birth Certificate**

### Part A My Details

Surname	<input type="text"/>		First names	<input type="text"/>	
Surname at birth (if different from above)	<input type="text"/>		First names at birth (if different from above)	<input type="text"/>	
Place of birth (town or city) including country if not New Zealand	<input type="text"/>		Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Phone number (daytime) ☎	<input type="text"/>		Email address ✉	<input type="text"/>	

### Part B Delivery Address

Delivery name (if different from above)	<input type="text"/>				
Flat number (if applicable)	Street number	Street			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Suburb or rural locality	<input type="text"/>				
City, town or district	<input type="text"/>			Postcode	<input type="text"/>
Country (if not New Zealand)	<input type="text"/>				

The following two Declarations must be completed

### Part C Declarations

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

#### 1. My declaration (the person ordering the certificate/certified true copy must complete)

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

Signature	<input type="text"/>		Date signed	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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If ordering on behalf of a company state their name below and include an original signed request on letterhead

Your details or the company name will be entered in the Access Register. For information about the Access Register visit [www.bdm.govt.nz](http://www.bdm.govt.nz)

#### 2. Referee's declaration (any other person 16 years of age or older must complete)

**I am 16 years of age or older and have known the orderer for at least 6 months or have seen a government issued photo identification of the orderer and I am satisfied the information about the orderer's identity stated in this form is true and correct**

Signature of referee	<input type="text"/>		Date signed	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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Full name of referee	<input type="text"/>		Phone number of referee ☎	<input type="text"/>	
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Contact address of referee	<input type="text"/>				
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