## Complete on-screen and print

You can complete this form on-screen using the Editable PDF functionality with Adobe Reader. You must still print off the application and have signed where applicable by hand.

## **Request for Source Document**

INTERNAL AFFAIRS

Te Tari Taiwhenua

**Contact Details** 

Website <u>www.govt.nz/bdm</u> Freephone 0800 22 52 52 (+64 4 463 9362 if outside New Zealand)

**Definition:** A source document is a document that contains information that was used to register a birth, death, marriage, civil union or name change. Source documents may not be available for all registrations, especially those before 1960.

Provide accurate and complete details to help us search

Subject's full names				
If a marriage or civil union: Other parties full names				
Date of event (or year of event)				
Place of event (town/city) if known				
The reason I am requesting the document is because:				
○ I am the subject of the information (refer Note 1).				
I am the parent or guardian of the subject of the information, who is under 18 and has not earlier married or entered into a civil union or de facto relationship (refer Note 1).				
<ul> <li>I have been granted a power of attorney or have been given written authority by the subject of the information,</li> <li>who is 18 years or older, or has earlier married or entered into a civil union or de facto relationship (refer Note 1).</li> <li>Include a copy of the power of attorney or written authority.</li> </ul>				
The source document is required for the maintenance of the accuracy of the registered information. State your reasons why below.				
The source document is required for a purpose consistent with the purpose of recording the information under the <u>Births, Deaths, Marriages, and Relationships Registration Act 1995</u> that cannot be met by obtaining a certificate or print-out. State your reasons why below.				
State reasons, if required. You can also use this field to provide us with additional information:				
Note 1: Applies to birth, marriage, civil union, or name change information.				

My contact details			
Name			
Flat no Street no	Street		
Suburb or rural locality			
City, town or district		Postcode	
Country (if not New Zealand)			
Email address	Best phone number		

You can complete this form on-screen using the	<b>creen and print</b> e Editable PDF functionality with Adobe Reader. Id have signed where applicable by hand.			
Payment details Fee (\$25.00 each)	Courier fee (optional)			
	To a New Zealand address \$5			
Courier fee (optional)	To an overseas address (number in brackets is estimated delivery in working days)			
I choose the following method to pay the total fee of				
○ I enclose a cheque, bankdraft or money order in New Zea	aland dollars made out to: The Department of Internal Affairs			
Charge my credit card				
○VISA ○Mastercard ○AMEX				
Card Number Expiry Date				
Cardholder's name Cardholder's signature				
My declaration (the person ordering the document must of	complete)			
Surname	First names			
Surname at birth (if different from above)	First names at birth (if different from above)			
Place of birth (town or city) including country if not New Zealand	Date of birth			
I declare that the information about me that is entered on this form is true and correct				
Signature Date signed				
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.govt.nz/bdm			
Referee's declaration (must be completed by another per	rson who is 16 years of age or older)			
I have known the orderer for at least 6 months or have see and I am 16 years of age or older – I am satisfied the inforr and correct	n a government issued photo identification of the orderer mation about the orderer's identity stated in this form is true			
Signature of referee	Date signed			
Full name of referee	Phone number of referee			
Contact address of referee				

Send with fee to:

Scan and email to <u>bdm.nz@dia.govt.nz</u> or post to Births, Deaths and Marriages, PO Box 10526, Wellington 6143, New Zealand

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