## 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**



**Contact Details** 

Website www.govt.nz/bdm

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						
Document type:	○ Birth	○ Death	○ Marriage	Civil union	○ Name change	
Subject's full names						
If a marriage or civil union: Other parties full names						
Date of event (or year	ar of event)			If name change	enter date of birth	
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).						
I have been granted a power of attorney or have been given written authority by the subject of the information, who is 18 years or older, or has earlier married or entered into a civil union or de facto relationship (refer Note 1). Include a copy of the power of attorney or written authority.						
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						
Country of Future rocality						
City, town or district Postcode						
Country (if not New Zealand)						
Email address			Bes	st phone number		

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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							
O I enclose a cheque, bankdraft or money order in New Zealand dollars made out to: The Department of Internal Affairs							
Charge my credit card							
○ VISA							
Card Number	Expiry Date						
Cardholder's name	Cardholder's signature						
My declaration (the person ordering the document must 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							
	Date signed						
Signature	Date Signed						
If ordering on behalf of a company state their name below and include an original signed request on letterhead							
<u> </u>							
Your details or the company name will be entered in the Access Register. F	or information about the Access Register visit www.govt.nz/bdm						
Referee's declaration (must be completed by another person who is 16 years of age or older)							
I have known the orderer for at least 6 months or have seen a government issued photo identification of the orderer and I am 16 years of age or older – I am satisfied the information about the orderer's identity stated in this form is true and correct							
Signature of referee	Date signed						
Full name of referee	Phone number of referee						
Contest address of referes							
Contact address of referee							

Send with fee to:

Scan and email to <a href="mailto:bdm.nz@dia.govt.nz">bdm.nz@dia.govt.nz</a>

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.