



澳門特別行政區政府
Governo da Região Administrativa Especial de Macau
身份證明局
Direcção dos Serviços de Identificação

Registrar

Application for Certificate of Kinship

Name _____

Resident ID Card No. _____ Tel : _____

I apply for _____ (no. of copies) certificate(s) (with English translation) for the purpose of _____.

I declare the kinship with the following persons:

Name of person(s) concerned	Resident ID Card No.	Relationship

***The person(s) concerned must be a Macao SAR Resident ID Card holder.**

If DSI needs to call the applicant for application matters, the phone conversation will be recorded.

I do not agree to record the phone conversation. I request DSI to contact me by SMS or letter.

If the applicant is below 18 years old, the application form has to be signed by the legal representative.

If the applicant cannot sign, please impress the right hand index finger.

Date : / /

Signature

(Please sign according to Resident ID Card) : _____

Opinion :

Approved / Not approved
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Registration no.
----- Registrar