



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

### Application for Kinship Verification

Name of applicant \_\_\_\_\_

Resident ID Card No. \_\_\_\_\_

Contact number : \_\_\_\_\_

I declare the kinship with the following person(s):

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

This application form is only used to verify the relationship between the applicant and his/her spouse, parents or children. The person(s) concerned must be a Macao SAR Resident Identity Card holder.

Attached documents: \_\_\_\_\_

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.

Date :     /     /

Signature:

(Please sign according to Resident ID Card) \_\_\_\_\_

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

<b>Opinion :</b>
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<b>Approved / Not approved</b>
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Registration no.
_____ Registrar