

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**

Registration no.

Registrar