DRZ

DOCUMENT RECOVERY ZIMBABWE

PRIVATE DOCUMENT RECOVERY & SUPPORT SERVICES

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ZIMBABWE BIRTH CERTIFICATE APPLICATION FORM

For assistance with retrieval/procurement of a Zimbabwe Birth Certificate

1. APPLICANT / CLIENT DETAILS

Given names / First names	Surname / Last name

National ID Number	Birth Entry / Registration Number

Residential / Postal Address

City / Town	Country	Postal / ZIP Code

Telephone / WhatsApp	Email Address

Relationship to subject: ■ Parent ■ Child ■ Spouse ■ Sibling ■ Other relative ■ Genealogical

2. BIRTH CERTIFICATE / SUBJECT DETAILS

Child / Subject – Given names	Surname / Last name

Maiden name (if applicable)	Zimbabwe ID No. (if known)

Birth Entry / Registration No. (if known)	Place of Birth (District / City)

Date of Birth (DD / MM / YYYY)

Father of Subject

Given names (First names)	Surname (Last name)

Place of Birth (District / City)	National ID No. (if known)

Father's Date of Birth (DD / MM / YYYY)

Mother of Subject

Given names (First names)	Maiden name	Surname (Last name)

Place of Birth (District / City)	National ID No. (if known)

Mother's Date of Birth (DD / MM / YYYY)

3. DECLARATION & AUTHORISATION

I declare that the information supplied in this application is true and correct to the best of my knowledge. I authorise **Document Recovery Zimbabwe** to make enquiries, submit applications and collect/retrieve the requested birth certificate on my behalf, where legally permitted.

Applicant / Authorised person's full name (print)	Date (DD / MM / YYYY)

Signature	Place / City

OFFICE USE: Application Ref. No. _____ Date Received: _____ Client ID/Passport No.: _____ Officer: _____