## APPLICATION

## for a duplicate of Czech registry documents[[1]](#footnote-1)

**Applicant**

|  |  |
| --- | --- |
| 1. Name (or names, if applicable) |  |
| 2. Surname (or maiden name, if applicable) |  |
| 3. Date of birth |  |
| 4. E-mail (not compulsory) |  |
| 5. Authority to lodge application (relation, legal interest, Power of Attorney) | |
|  | |

|  |  |
| --- | --- |
|  | **6. I hereby apply for a duplicate of a Birth Certificate** |

|  |  |
| --- | --- |
| 7. Name and surname of the child at the time of birth |  |
| 8. Date of birth |  |
| 9. Place of birth[[2]](#footnote-2) |  |

|  |  |
| --- | --- |
|  | **10. I hereby apply for a duplicate of a Marriage Certificate** |

|  |  |
| --- | --- |
| 11. Name and surname of groom |  |
| 12. Name and surname of the bride |  |
| 13. Date and place1 of marriage |  |
|  |

|  |  |  |
| --- | --- | --- |
| Permanent residence on date of marriage | 14. groom: |  |
|  | 15. bride: |  |

|  |  |
| --- | --- |
|  | **16. I hereby apply for a duplicate of a Partnership Certificate.** |

|  |  |
| --- | --- |
| 17. Name and surname of Partner 1 |  |
| 18. Name and surname of Partner 2 |  |
| 19. Time and place1 that partnership was registered. |  |

|  |  |
| --- | --- |
|  | **20. I hereby apply for a duplicate of a Death Certificate.** |

|  |  |
| --- | --- |
| 21. Name and surname of the deceased |  |
| 22. Date of birth |  |
| 23. Place of death1 |  |

***I declare****, that I was made aware of my ability to request that a form and glossary to be issued and attached to the requested registry document in order to use said document in another Member State of the European Union, in accordance with the Regulation of the European Parliament and of the European Council (2016/1191) of 6th July 2016 on promoting the free movement of citizens by simplifying the requirements for producing certain public documents in the European Union and amending Regulation (EU) No 1024/2012 (henceforth „Forms according to EU regulations“).*

*If I am not requesting a form according to EU regulations and I will be using the document in another Member State of the EU, an “Apostille“ does not have to be attached to this document unless stated otherwise in another international agreement by which the Czech Republic is bound. In this case, such a document would need to be officially translated to the relevant foreign language.*

**Do you require a form for use in the European Union?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 24. I do not require |  | | | |
|  |  |  | |
|  | 25. I do require for use in (country) |  | 26. in the following language |  |  |

**Do you require an Apostille?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 27. I do not require |  | |
|  |  |  |
|  | 28. I do require for use in (country) |  | |

|  |
| --- |
| 29. Address where the document shall be sent to: |
|  |

*Personal data provided on this form is processed in accordance with the applicable legislation. More information about personal data processing is available on the website of the Ministry of Foreign Affairs of the Czech Republic: https://www.mzv.cz/jnp/en/about\_the\_ministry/personal\_data\_processing\_and\_its/index.html*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| 30. Signed in 31. Date | | | | | 32. Applicant’s signature |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 33. Applicant’s identity verified with: | | | |  | | |
| 34. Date of issue |  | 35. Issued by |  | | 36. Date of expiry |  |

Applicant’s identity verified by:

|  |  |
| --- | --- |
|  |  |
| 37. Name, surname, position and signature of Consular Officer. | 38. Official stamp of the foreign mission of the Czech Republic |

1. For each registry document has to be submitted separate application form. [↑](#footnote-ref-1)
2. for addresses in the Czech Republic, please state the county and municipality area. For overseas addresses please state the suburb and country. [↑](#footnote-ref-2)