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| |  |  | | --- | --- | | **ACT Government and Access Canberra logos.** | BIRTHS, DEATHS AND MARRIAGES **APPLICATION TO REGISTER A CIVIL PARTNERSHIP**  ***Domestic Relationships Act 1994***  ***Births, Deaths and Marriages Registration Act 1997***  ***Births, Deaths and Marriages Registration Regulation 1998*** | |

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| **IMPORTANT INFORMATION**  This form can be used to apply to the Registrar-General for an endorsement of a relationship as a civil partnership. A civil partnership provides a way for two adults, over 18 years of age, who are in a relationship as a couple, regardless of their sex, to have their relationship legally recognised by registration as a civil partnership. To enter into a civil partnership the proposed civil partners must not be married, be in another civil partnership, or be in a prohibited relationship. A prohibited relationship between proposed civil partners is defined as being a lineal ancestor, lineal descendent or sibling or half sibling. At least one of the proposed domestic partners must currently be a resident of the ACT and have been for more than 3 months. Applicants should be aware of their responsibilities under the *Domestic Relationships Act 1994*. You can view or download the Act from [www.legislation.act.gov.au](http://www.legislation.act.gov.au). |

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| **PRIVACY INFORMATION**  The *Births, Deaths and Marriages Registration Act 1997* authorises the Registrar-General to collect the information required by this form. The Registrar-General prevents any unreasonable intrusion into a person’s privacy in accordance with the *Information Privacy Act 2014*. The Registrar-General may provide identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances. The Privacy Policy can be found on the Access Canberra website at <http://www.act.gov.au/privacy>. Documents provided as proof of identity may have their authenticity verified through the National Document Verification System (DVS). Documents issued by this office may also be verified by external agencies using DVS. |

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| **INSTRUCTIONS FOR COMPLETION**   * If completing this form by hand, please print clearly and use a solid black pen only. * This office will not accept lodgement of this form if it is not completed in full. * Any alteration to information provided on this form must be struck through with a black pen and substitute information must be clear and all parties must sign in the margin. Do not use correction fluid or tape. * Identification documents for both parties and two forms of evidence of residency for one party only must be submitted with the application. * If divorced or widowed evidence of the event must be supplied. * An application for civil partnership where there is no ceremony performed may only be endorsed by the Registrar-General or a Deputy Registrar-General. |

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| **PROOF OF IDENTITY, RESIDENCY AND OTHER DOCUMENTATION REQUIRED**  **(include copies with your application)**  Upon application, you will need to provide sufficient evidence to allow the Registrar-General to be satisfied of your identity, this includes, but is not limited to, the following: | |
| **Both Partners:**  One form of Primary proof of identity  One form of Secondary proof of identity | **One Partner:**  Two forms of Proof of ACT residency |

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| **LODGEMENT AND CONTACT INFORMATION**  **Preferred lodgement is by email:** [civilpartnerships@act.gov.au](mailto:civilpartnerships@act.gov.au)  **In Person:** Please visit [www.act.gov.au/accessCBR](http://www.act.gov.au/accessCBR) to find an Access Canberra Service Centre  **General Enquires**: 132281 |

If you require further information or need advice, a language assistance service is available by phoning the

**Translating and Interpreting Service (TIS) on 13 14 50.**

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| **PROOF OF IDENTITY AND RESIDENCY** | | |
| **Primary Proof of Identity** | **Secondary Proof of Identity** | **Proof of Residency** |
| **Australian Birth Certificate** (not a Commonwealth certificate and not an extract). If the certificate is not in the same name currently used, appropriate linking documentation such as a marriage certificate is required.  **Australia Passport** (current or expired up to two years).  **Overseas Passport** (current or expired up to two years).  **Australian Citizenship Certificate or Naturalisation Certificate.** | **A Photographic Driver Licence issued in Australia** (current or expired up to two years).  **Australian Birth Certificate** (not a Commonwealth certificate and not an extract). If the certificate is not in the same name currently used, appropriate linking documentation such as a marriage certificate is required.  **Australia Passport** (current or expired up to two years).  **Overseas passport** (current or expired up to two years).  **Australian Citizenship Certificate or Naturalisation Certificate.**  **Department of Immigration and Border Protection travel document** (valid up to five years after issue).  **Department of Immigration and Border Protection Evidence of Immigration Status (EIS) ImmiCard** (valid to date of expiry).  **Department of Immigration and Border Protection Permanent Resident Evidence (PRE) ImmiCard** (valid to date of expiry).  **Department of Immigration and Border Protection Australian Migration Status (AMS) ImmiCard** (valid to date of expiry).  **Police Officer Photo Identity Card** (from the ACT only).  **Australian Proof of Age Card/Proof of Identity Card** (including NSW photo card) with appropriate security features, showing date of issue by an Authority that is current or expired up to two years. | **Contract of Purchase, Current Lease or Rental Document for relevant premises** (a receipt only is not acceptable) prepared by a real estate agency or ACT Government.  **ACT Revenue Office Rates Notice** (current).  **Land Tax Valuation Notice** (current).  **Australian Taxation Office Assessment** (last or current financial year). To protect your privacy customers are advised to block out their Tax File Number.  **Utility Accounts relating to the nominated physical address** (Electricity, Gas, Landline Telephone or Water) paid within the last 6 months.  **Pay Television account relating to the applicants nominated physical address** paid within the last 6 months.  **Department of Defence Minute Confirmation of address,** supported by a Defence Identification Card.  **Letter from Approved University *Residences*,** accompanied by a Student Identity Card from that University.  **Bank Statements** with evidence of regular purchases in the ACT over the last 3 months.  **Utility provider welcome letter or bundle advice** relating to the nominated physical address - received within the last 3 months.  **Current interstate registration renewal notice** received at the nominated physical address.  **Mail from an Australian Government Department** received at the nominated physical address - received within the last 6 months.  **MyGov electronic correspondence** displaying physical address - received within the last 6 months. |

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| **PROOF OF RELATIONSHIP STATUS**  (other than this relationship with proposed civil partner)  **Widowed –** Copy of Death Certificate  **Divorced –** Copy ofDecree Nisi |

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| **DETAILS OF PARTNERS** | | |
|  | **PARTNER 1** | **PARTNER 2** |
| **Surname**  (As appears on your POI document) |  |  |
| **Given Name(s)**  (As appears on your POI document) |  |  |
| **Occupation** |  |  |
| **Usual Place of Residence**  (One of the parties must reside in the ACT) |  |  |
| **Place of Birth**  (City/Town, Australian State or Territory, or if born overseas, city/town and country) |  |  |
| **Date of Birth** |  |  |
| **Relationship Status**  (other than relationship with proposed civil partner) | Single  Widowed  Divorced  Previous Civil Partnership  (must be terminated to enter new civil partnership) | Single  Widowed  Divorced  Previous Civil Partnership  (must be terminated to enter new civil partnership) |
| **Mother’s Maiden Name** |  |  |
| **Mother’s Given Name(s)** |  |  |
| **Father’s Surname** |  |  |
| **Father’s Given Name(s)** |  |  |

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| **Contact Details (for at least one Partner)** | | |
|  | **PARTNER 1** | **PARTNER 2** |
| **Phone Number** |  |  |
| **E-mail Address** |  |  |

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| **DECLARATION BY DOMESTIC PARTNER(S)** | | | |
| **PARTNER 1** | | **PARTNER 2** | |
| **I,** (full name) | | **I,** (full name) | |
| **being a** (occupation) | | **being a** (occupation) | |
| **of** (address) | | **of** (address) | |
|  | Postcode |  | Postcode |
| hereby solemnly declare that I wish to enter into a civil partnership with  …………………………………………………..………………….(name of partner 2)  and that I am not married or in a civil partnership and believe I do not have a prohibited relationship with my proposed partner. | | hereby solemnly declare that I wish to enter into a civil partnership with  ……………………………………………………………………….(name of partner 1)  and that I am not married or in a civil partnership and believe I do not have a prohibited relationship with my proposed partner. | |
| ……………………………………………………………………………………………..**Signature**  (of partner 1) | | ……………………………………………………………………………………………..**Signature** (of partner 2) | |

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| **SUPPORTING DOCUMENTS** |
| **Two forms of proof of identity, at least one being primary proof of identity, for partner 1.**  **Two forms of proof of identity, at least one being primary proof of identity, for partner 2.**  **Two forms of proof of residency in the ACT for at least one partner.**  **If a partner was previously married - proof of relationship status (a copy of Decree Nisi or Death Certificate.** |

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| **ENDORSEMENT BY THE REGISTRAR-GENERAL OR A DEPUTY REGISTRAR-GENERAL** | |
| Under Section 37F of the *Domestic Relationships Act 1994* (the Act) both parties have satisfied the requirements of Section37C of the Act and as such I now endorse this application for the purpose of registration under the Act. | |
| **Full Name** (of Deputy Registrar) | |
| ……………………………………………………………………………………………..**Signature**  (of Deputy Registrar) | ……………………………………………………………………………………………..**Date of Endorsement** |

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| **Registration Number**  (Office use only) |  |

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| **DETAILS OF APPLICANT (Person completing form)** | | | |
| **Surname** | | **Given Name(s)** | |
|  | |  | |
| **Current Residential Address** | | | |
|  | | | |
| **Daytime Contact Number** | **E-mail Address** | | **Signature of Applicant** |
|  |  | |  |
| **Reason Certificate is Required** | **Relationship to Person Named on Certificate** | |
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| **POSTAGE DETAILS**) |
| **Postal Address** (If different from residential address) |
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| **CIVIL PARTNERSHIP CERTIFICATE** | | |
| **Surname of Partner 1** | **Given Name(s) of Partner 1** | **Date of Birth** |
|  |  | **/ /** |
| **Surname of Partner 2** | **Given Name(s) of Partner 2** | **Date of Birth** |
|  |  | **/ /** |