



Form 219 - ACP

BIRTHS, DEATHS AND MARRIAGES
OFFICE OF REGULATORY SERVICES
Department of Justice and Community Safety

APPLICATION TO REGISTER A CIVIL PARTNERSHIP

Civil Partnership Act 2008
Births, Deaths and Marriages Registration Act 1997
Birth, Deaths and Marriages Registration Regulations 1998



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 sibling or half sibling. At least one of the proposed civil partners must be a current resident of the Australian Capital Territory (ACT). Applicants should be aware of their responsibilities under the *Civil Partnerships Act 2008*. You can view or download the Act from www.legislation.act.gov.au.

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 *Privacy Act 1988* (C'wlth). The Registrar-General may provide identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances. Documents provided as proof of identity may have their authenticity verified through Certificate Validation System (CVS) and the National Document Verification System (DVS). Documents issued by this office may also be verified by external agencies using CVS and/or DVS.

CONTACT INFORMATION

Send completed forms to the Office of Regulatory Services: GPO Box 158, Canberra ACT 2601
Lodge in person at the Office of Regulatory Services: 255 Canberra Avenue, Fyshwick ACT 2609
Office Hours: 9:00am to 4:30pm Monday to Friday
General enquiries telephone number: (02) 6207 0460
Website address: www.ors.act.gov.au

INSTRUCTIONS FOR COMPLETION

- If completing this form by hand please print clearly and use a blue or 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 blue or black pen and substitute information must be clear and all parties must sign in the margin. Do not use white out.
- If lodging the application in person, you must supply original identification documents.
- If lodging the application by post, you must have all identification documents and signatures witnessed by a person appropriately delegated under the *Statutory Declarations Act 1959* (C'wlth)
- The application for civil partnership may only be endorsed by the Registrar-General or Deputy Registrar-General.

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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Registration Number (Office use only)	
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Contact Phone number	
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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)	<input type="checkbox"/> Single <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Mother's Surname		
Mother's Given Name(s)		
Father's Surname		
Father's Given Name(s)		

PROOF OF IDENTIFICATION (POI)

Partner 1		
<input type="checkbox"/> A Birth Certificate; or, (If born in Australia)	<input type="checkbox"/> Current Passport; or, (If born in the Australia, an Australian Passport)	<input type="checkbox"/> Citizenship Certificate (If born outside Australia)
Certificate Number	Passport Number	Certificate Number
Evidence of Residency (Include bills, bank statements etc that have an ACT residential address and is dated between 3 and 6 months prior to the application)		
List		
Partner 2		
<input type="checkbox"/> A Birth Certificate; or, (If born in Australia)	<input type="checkbox"/> Current Passport; or, (If born in the Australia, an Australian Passport)	<input type="checkbox"/> Citizenship Certificate (If born outside Australia)
Certificate Number	Passport Number	Certificate Number
Evidence of Residency (Includes bills, bank statements etc that have an ACT residential address and is dated between 3 and 6 months prior to the application)		

STATUTORY DECLARATION BY CIVIL PARTNER(S)

Partner 1	Partner 2
I, (full name)	I, (full name)
being a (occupation)	being a (occupation)
of (address) Postcode	of (address) Postcode
hereby solemnly declare that I wish to enter into a civil partnership with 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 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)

DETAILS OF WITNESS

Declared at (place)	on (date)
Before me, (Full Name of Witness)	
Of (address of witness)	
Qualification of Witness (Justice of the Peace, Solicitor, Police Officer or BDM Staff)	
Signature (of the witness)	

ENDORSEMENT BY THE REGISTRAR-GENERAL OR DEPUTY REGISTRAR-GENERAL

In accordance with Section 8 of the <i>Civil Partnerships Act 2008</i> (the Act) both parties have satisfied the requirements of Section 6 of the Act and as such I now endorse this application for the purpose or registration under the Act.	
Full Name (of Deputy Registrar)	
..... Signature (of Deputy Registrar) Date of Endorsement

COMMITMENT CEREMONIES (Office Use Only)

For commitment Ceremonies or endorsement by the Deputy Registrar-General, the following will be required at interview	
Date of Ceremony	Time of Ceremony
Venue	
Deputy Registrar-General to Undertake Commitment Ceremony and Endorsement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deputy Registrar-General ONLY to undertake Endorsement	<input type="checkbox"/> Yes <input type="checkbox"/> No