

Register or renew as a civil partnership notary

Before submitting your application

- I have completed the application form.
- I have included copies of the required proof of ID and other supporting documents with my application.
- I have included details of my civil marriage celebrant or Queensland civil partnership registration, if registered.
- All copies of my proof of ID and supporting documents have been certified as being 'a true and correct copy' by a qualified witness.
- I have had my signature witnessed by a Justice of the Peace, Commissioner for Declarations, Notary Public, Barrister, or Solicitor in the statutory declaration section on page 4 of the application form. More information about completing the statutory declaration sections is available at www.publications.qld.gov.au/dataset/statutory-declaration
- Paying by cheque or money order attach payment to the application form.
- Paying by credit card complete the payment details in the payment details section below.

If you are not a registered civil marriage celebrant or civil partnership notary, you must also:

- Get a current nationwide criminal history report from the Queensland Police Service contact your local Police station.
- Get 2 adults over the age of 18 years, who are not family, to provide details of your suitability in the personal references printed with the application form.

Submitting your application

Your application will take longer if your documents and payment are not correct. Submit your application form either:

- by post, with payment and certified copies of proof of ID to **Registry of Births, Deaths and Marriages, PO Box 15188, CITY EAST QLD 4002**
- in person take your completed application form, **original** proof of ID and payment to the Brisbane registry counter at Level 32, 180 Ann Street, Brisbane.

Payment options *Your credit card will be charged according to current fees*

a) Who applied <i>your name or organisation</i>			
b) I have enclosed a bank cheque or money order payable to the Registry of Births, Deaths and Marriages for <i>we do not accept personal cheques</i>			
or debit my credit card	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		
Card number	□□□□ / □□□□ / □□□□ / □□□□		
Expiry date	□□ / □□		
Name on card			Signature of cardholder

Proof of ID (identification)

Copies of Proof of ID documents sent to us by post with your application must be certified as a true and correct copy by a qualified witness—do not send original proof of ID by post. If you apply in person at the Brisbane RBDM registry counter or nearest Queensland Magistrates Court (except the Brisbane Magistrates Court) or Queensland Government Agent Program (QGAP), customer service officers are able to sight your original proof of ID.

When applying by post the following persons are qualified witnesses and are able to certify photocopies of documents:

In Australia	Outside Australia
<ul style="list-style-type: none"> Justice of the Peace Commissioner for Declarations Barrister or Solicitor Notary Public 	<ul style="list-style-type: none"> Notary Public Australian Embassy officer Australian Consulate officer

You must provide **3 forms of current ID**:

- 1 from each category below; **OR**
- 2 from Community ID **and** 1 from the Home address evidence categories below.

If you currently live overseas, you may use the local equivalent for the ID items listed.

For documents not in English, you must also provide a translation from a translator accredited by the National Accreditation Authority for Translators and Interpreters (NAATI).

This list is not exhaustive. Please contact the registry to discuss other types of ID that may be accepted.

Types of ID (categories)

Personal ID	Community ID	Home address evidence
<input type="checkbox"/> Australian photo driver licence <input type="checkbox"/> Australian passport <input type="checkbox"/> Overseas passport <input type="checkbox"/> Adult Proof of Age card (formerly 18+ card)	<input type="checkbox"/> Medicare card <input type="checkbox"/> Concession or Healthcare card <input type="checkbox"/> Student ID <input type="checkbox"/> School or other educational report, less than twelve months old <input type="checkbox"/> Salary advice or payslip <input type="checkbox"/> Private Health Provider ID card <input type="checkbox"/> Defence Force or Police Service photo ID card <input type="checkbox"/> Australian Firearms licence <input type="checkbox"/> Document of identity issued by the Passport Office <input type="checkbox"/> Naturalisation, citizenship or immigration certificate <input type="checkbox"/> Full birth certificate <input type="checkbox"/> Security guard/crowd control licence <input type="checkbox"/> Government employee photo ID card <input type="checkbox"/> Blue card	<p>Provide only the page containing your name and current home address details.</p> <input type="checkbox"/> Recent utility account (gas, electricity, home phone, etc) <input type="checkbox"/> Rent/lease agreement <input type="checkbox"/> Rates notice <input type="checkbox"/> Registration or driver licence renewal notice <input type="checkbox"/> Recent official correspondence from Government service providers (not from this agency) <input type="checkbox"/> Electoral enrolment document <input type="checkbox"/> Insurance policy notice

Form 20 (Version 3) Register or renew as a civil partnership notary

Office use only

Registration number and date received:

Effective as of 01/09/2023

Civil Partnerships Act 2011 (Sections 20 and 20A)

Please read and complete the checklist attached before signing the statutory declaration. Proof of ID for ALL applicants is required. For applicants who are not already a civil marriage celebrant or civil partnership notary, a nationwide criminal history check and personal references are also required. Please complete in full (using BLOCK letters) and do not use correction fluid/tape.

1. Who is applying *These details must be as shown on your proof of ID documents*

Type of application	<input type="checkbox"/> New <input type="checkbox"/> Renewal - provide civil partnership notary registration number _____		
	<input type="checkbox"/> Civil marriage celebrant - provide civil marriage celebrant certificate		
	If you are renewing or a registered civil marriage celebrant complete section 1 and 2		
First name			
Middle name/s <i>if any</i>			
Family name			
Date of birth			
Home address <i>Street, suburb, state</i>		Postcode	
*Postal address		Postcode	
*Email			
*Contact number			

By providing an email address, I consent to the use of that email address for RBDM and couples to contact me. I understand that it is my responsibility to ensure that I have nominated a secure email address to RBDM. I acknowledge that it is my responsibility to ensure the security of information received from RBDM and couples.

2. Register of civil partnership notaries

If you are approved as a civil partnership notary, we must publish your details in the register of civil partnership notaries on our website. It will include your name and the date and status of your registration.

I would also like you to publish all my contact details <i>These are indicated with the asterisk *</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If you are a registered civil marriage celebrant complete this section, then go to section 7.
	If you are renewing and are not a registered civil marriage celebrant complete this section, then go to section 7, unless your criminal history (section 3) or possible conflict of interest (section 5) has changed in the last 12 months.

3. Details of any criminal history *Attach current nationwide criminal history report from the Queensland Police Service*

Please tick 'yes' or 'no' to each statement below.

1. I have a recorded conviction, in Australia for an offence punishable by imprisonment for 1 year or more.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I have a recorded conviction, for an offence against the <i>Civil Partnerships Act 2011</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Continue to next page

4. Your qualifications, standing, skills and experience to support your application

Qualifications

Please provide details and attach certified copies of certificates awarded to you that support your ability to undertake the functions and responsibilities of a civil partnership notary.

Standing

Please provide details (if any) of roles, positions or standing in the community which may support your application.

Skills and experience

Please provide details of: your ability to liaise with, and communicate, the requirements of the *Civil Partnership Act 2011* to couples wishing to enter into a civil partnership; and any other experience you may have to support your application.

Continue to next page

5. Possible conflicts of interest

Describe any business interests or possible conflicts of interest that may make you unsuitable for registration as a civil partnership notary.

This is being asked to determine whether there may be any potential or actual conflicts of interest that may arise if registered as a civil partnership notary. These may be related to your current occupation or associations you may be affiliated with.

6. Personal references

I have attached 2 references from adult persons that are not members of my family detailing the following:

1. The nature and length of time the referees have known me.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. The knowledge that each referee has of my personal and professional capacity and standards to undertake the responsibility of performing civil partnership ceremonies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. The knowledge that each referee has of your standing. <i>This refers to your position, status and reputation in the community and the length of time that you fulfilled a role.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. The contact details of the persons giving the personal reference.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Privacy statement

The Department of Justice and Attorney-General is collecting your personal information for the purpose of processing your application to register as a civil partnership notary under the *Births, Deaths and Marriages Registration Act 2003* and the *Civil Partnerships Act 2011*. The information on this application form may be provided to law enforcement agencies and to government and nongovernment agencies for verification of the data. Access to this information may be granted to any person who has adequate reason to obtain it, or who meets the requirements of the access policy. To obtain details about the access policy and rights of access to this information contact the registry within Australia **13QGOV (13 74 68)**, international callers **+61 7 3022 6100** (+10 hours UTC). For general information about the registry visit **www.qld.gov.au/rbdm**.

All items marked with an asterisk(*) will not appear in the Registers unless indicated by the applicant.

Continue to next page

**** IMPORTANT NOTE ****
THIS SPACE IS INTENTIONALLY LEFT BLANK.

7. Statutory declaration

I, <i>name of applicant in full</i>	
Of <i>home address of applicant</i>	
	Postcode

Do solemnly and sincerely declare that all information supplied on this application form and any attached supporting documents pursuant to Part 3 of this form are true, and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

I am authorising RBDM to check my personal references.

I declare that the contents of this statutory declaration are true and correct. Where the contents of this declaration are based on information and belief, the contents are true to the best of my knowledge and I have stated the source of that information and grounds for the belief.

I understand it is a criminal offence under section 194 of the Criminal Code to knowingly provide false information in a declaration.

I state that: **cross-out whichever statements are not applicable*

A. This declaration was made in the form of an electronic document.*[i]

B. This declaration was electronically signed.*[ii]

C. This declaration was made, signed and witnessed under part 6A of the *Oaths Act 1867* (audio visual links).*[iii]

Signature of applicant		Date	DD / MM / YYYY
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Declared at *place*

If applicant has directed a substituted signatory to sign for them *cross-out or leave blank if not applicable*

Full name <i>of substituted signatory</i>	on	DD / MM / YYYY
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Signature *of substituted signatory*

In the presence of:

Full name of witness

Type of witness *for example, Australian legal practitioner, lawyer, Justice of the Peace, Commissioner for Declarations, notary public, a Justice of the Peace or commissioner for declarations approved by the Chief Executive under section 12(2) of the Oaths Act 1867, government legal officer, etc.*

Signature	INSERT JP SEAL HERE
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Witness's place of employment <i>cross-out or leave blank if not applicable</i>	on	DD / MM / YYYY
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For example, the name of the law practice for the Australian legal practitioner, the name of the government department of the government legal officer, the name of the law practice for a justice of the peace who witnesses documents for a law practice, etc.

For special witness to complete *Tick as applicable*

I am a **special witness** under the *Oaths Act 1867*. (see section 12 of the *Oaths Act 1867*)

This document was made in the form of an electronic document.[iv]

I electronically signed this document.[v]

This statutory declaration was made, signed and witnessed under part 6A of the *Oaths Act 1867* I understand the requirements for witnessing a document by audio visual link and have complied with those requirements.[vi]

**** IMPORTANT NOTE ****

PLEASE COMPLETE THE NEXT PAGE TITLED
HOW THIS DOCUMENT WAS MADE.

PLEASE ATTACH THIS PAGE TO YOUR STATUTORY DECLARATION.

HOW THIS DOCUMENT WAS MADE

Please attach this page to your statutory declaration

NOTE: FAILURE TO COMPLETE THIS TABLE DOES NOT INVALIDATE THE DOCUMENT

The signatory (applicant /declarant) or substitute signatory must complete this section

SIGNATORY / SUBSTITUTE SIGNATORY to complete
Who signed this declaration?
<input type="checkbox"/> the signatory (applicant/declarant)
<input type="checkbox"/> a substitute signatory
How did the signatory/substitute signatory sign?
<input type="checkbox"/> on paper
<input type="checkbox"/> electronically
How was this declaration witnessed?
<input type="checkbox"/> in person
<input type="checkbox"/> over audio visual link

The witness must complete this section

WITNESS to complete
How did you (the witness) sign this document?
<input type="checkbox"/> on paper
<input type="checkbox"/> electronically
What document did you (the witness) sign?
<input type="checkbox"/> The same physical (paper) document that was signed in the presence of the signatory /substitute signatory
<input type="checkbox"/> A copy of the document that was signed by the signatory/substitute signatory (e.g a scanned copy of a paper signed document, a photocopy or printout)
<input type="checkbox"/> A counterpart of the document (a copy of the document without the signature of the signatory/substitute signatory)
What form of document did you (the witness) sign?
<input type="checkbox"/> paper
<input type="checkbox"/> electronic (tick this if you electronically signed the document or if you physically signed a copy of the document signed by the signatory/substitute signatory and then sent a scanned copy of that document to the signatory or other person)
How was the substitute signatory directed to sign (if applicable)?
<input type="checkbox"/> in person by the signatory
<input type="checkbox"/> over audio visual link by the signatory

Footnotes

[i] Include this statement if you electronically signed the document or if you physically signed the document over audio visual link and then sent a scanned copy of that document to the witness.

[ii] Include this statement if you or your substitute signatory electronically sign the document using an accepted method under the *Oaths Act 1867*. Do not include this statement if you signed the document on paper.

[iii] Include this statement if the document was made over audio visual link.

[iv] Tick this box if you electronically signed the document or if you physically signed the document and sent a scanned copy of that document to the declarant.

[v] Tick this box if you electronically sign the document using an accepted method under the *Oaths Act 1867*. Do not include this statement if you signed the document on paper.

[vi] Tick this box if the statutory declaration was made over audio visual link.

Personal reference (one)

Effective as of 01/09/2023

Office use only

Date received

This declaration must be completed by an adult person over the age of 18 years, that is not a member of the person's family applying as a civil partnership notary (Form 19).

INSTRUCTIONS Please use blue or black ink and BLOCK letters to complete this declaration.

I *your name in full*

of *your full home address*

Postcode

declare that I am eligible as a personal reference and have known:

Civil partnership notary applicant *name in full*

The length of time and how I have known the civil partnership notary applicant:

Your knowledge of the personal and professional capacity and standards to undertake the responsibility of performing civil partnership ceremonies for the civil partnership notary applicant:

Continue to next page

Your knowledge of the applicants standing that support the application to be registered as a civil partnership notary: *Standing refers to the applicants position, status and reputation in the community.*

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Details of person giving personal reference *Signature to be witnessed by another adult*

Signature <i>of person giving personal reference</i>			
Postal address			Postcode
Contact number			
Email			

By providing an email address, I consent to the use of that email address for RBDM to contact me. I understand that it is my responsibility to ensure that I have nominated a secure email address to RBDM. I acknowledge that it is my responsibility to ensure the security of information received from RBDM.

Details of witness

Name <i>of witness</i>	
Signature <i>of witness</i>	
Date	DD / MM / YYYY

Personal reference (two)

Effective as of 01/09/2023

This declaration must be completed by an adult person over the age of 18 years, that is not a member of the person's family applying as a civil partnership notary (Form 19).

INSTRUCTIONS Please use blue or black ink and **BLOCK** letters to complete this declaration.

I <i>your name in full</i>			
of <i>your full home address</i>			
		Postcode	

declare that I am eligible as a personal reference and have known:

Civil partnership notary applicant <i>name in full</i>	
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The length of time and how I have known the civil partnership notary applicant:

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Your knowledge of the personal and professional capacity and standards to undertake the responsibility of performing civil partnership ceremonies for the civil partnership notary applicant:

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Continue to next page

Your knowledge of the applicants standing that support the application to be registered as a civil partnership notary: *Standing refers to the applicants position, status and reputation in the community.*

--

Details of person giving personal reference *Signature to be witnessed by another adult*

Signature <i>of person giving personal reference</i>			
Postal address			Postcode
Contact number			
Email			

By providing an email address, I consent to the use of that email address for RBDM to contact me. I understand that it is my responsibility to ensure that I have nominated a secure email address to RBDM. I acknowledge that it is my responsibility to ensure the security of information received from RBDM.

Details of witness

Name <i>of witness</i>			
Signature <i>of witness</i>			
Date	DD / MM / YYYY		