

Application to register a civil partnership

Before submitting your application

We understand that:

- this application is to register our relationship only without a declaration ceremony and that our relationship will be registered after 10 days of submitting it to the Registry of Births, Deaths and Marriages (RBDM).
- a prohibited relationship is a relationship with a lineal ancestor, lineal descendent, sister, half-sister, brother or half-brother
- We have completed the application form(s).
- We have read the notice setting out the legal effect of a civil partnership.
- We have included copies of the required proof of ID, evidence of that one of us lives in Queensland and other supporting documents with our application.
- We have included evidence of no longer being married or in another civil partnership, if required.
- All copies of our proof of ID and supporting documents have been certified as being 'a true and correct copy' by a qualified witness.
- We have had our signatures witnessed by a Justice of the Peace, Commissioner for Declarations, Notary Public, Barrister, or Solicitor in the statutory declaration section on pages 3 and 5 of the application form. More information about completing the statutory declaration sections is available at www.publications.qld.gov.au/dataset/statutory-declaration
- We have totalled all fees in 1 payment—for a current list of fees visit www.qld.gov.au/rbdm.
- We have enclosed payment and completed the 'payment options' below (if applying by post).

Submitting your application

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

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

Payment options <i>Your credit card will be charged according to current fees</i>			
a) Who applied <i>your name or organisation</i>			
b) Partner 2's name on certificate <i>in full</i>			
c) 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 registry customer service centre 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 15 (Version 5)

Application to register a civil partnership

Office use only

Date received

Effective as of 01/09/2023

Civil Partnerships Act 2011 (section 7)

Please read and complete the checklist attached before signing the statutory declaration. Proof of ID for both parties and evidence that at least 1 party lives in Queensland 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 and supporting documents*

	Partner 1	Partner 2
First name		
Middle name(s) <i>if any</i>		
Family name		
Confirm that you are	<input type="checkbox"/> Not married <input type="checkbox"/> Not in a civil partnership	<input type="checkbox"/> Not married <input type="checkbox"/> Not in a civil partnership
Relationship status <i>other than relationship with proposed civil partner (tick one option)</i>	<input type="checkbox"/> Single <input type="checkbox"/> De facto <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Civil partnership (terminated)	<input type="checkbox"/> Single <input type="checkbox"/> De facto <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Civil partnership (terminated)
Occupation		
Home address <i>one partner must live in Queensland</i>		
Postal address <i>if different to home address</i>		
Email		
Contact number		

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.

2. Evidence of where you live

	Partner 1	Partner 2
Does at least one of the proposed partners live in Queensland?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are you able to attach documentation to show this? <i>Attach at least 1 certified document from List 3 that lists your current home address in Queensland</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Birth details *These details must be as shown on your birth certificate*

	Partner 1	Partner 2
Place of birth <i>Town/city, state and country</i>		
Date of birth		
Sex		

Continue to next page

Parents' details <i>These details must be as shown on your birth certificate</i>		
	Partner 1	Partner 2
Mother's first name		
Mother's middle name(s) <i>if any</i>		
Mother's family name		
Father or registered parent's first name		
Father or registered parent's middle name(s) <i>if any</i>		
Father or registered parent's family name		

Privacy statement

The Department of Justice and Attorney-General is collecting your personal information for the purpose of processing your application to register a civil partnership under the *Births, Deaths and Marriages Registration Act 2003* and *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(*) are for statistical, administrative and community planning purposes and will not appear in the Registers.

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

Partner 1's statutory declaration

I, *your name in full*

Do solemnly and sincerely declare that:

1. I live at
your home address

2. I wish to enter into a civil partnership with *name of partner 2*

3. I am not married or in a civil partnership; and believe I do not have a prohibited relationship with

and I make this solemn declaration conscientiously believing the same to be true by virtue of the provisions of the *Oaths Act 1867*.

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]

Declared at *place* **on** DD / MM / YYYY

Signature *of partner 1*

If partner 1 has directed a substituted signatory to sign for them *cross-out or leave blank if not applicable*

Full name *of substituted signatory* **on** DD / MM / YYYY

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.*

INSERT JP SEAL HERE

Signature

Witness's place of employment **on** DD / MM / YYYY
cross-out or leave blank if not applicable

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 (partner 1 /declarant) or substitute signatory must complete this section

SIGNATORY / SUBSTITUTE SIGNATORY to complete

Who signed this declaration?

- the signatory (partner 1/declarant)
 a substitute signatory

How did the signatory/substitute signatory sign?

- on paper
 electronically

How was this declaration witnessed?

- in person
 over audio visual link

The witness must complete this section

WITNESS to complete

How did you (the witness) sign this document?

- on paper
 electronically

What document did you (the witness) sign?

- The same physical (paper) document that was signed in the presence of the signatory /substitute signatory
 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)
 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?

- paper
 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)?

- in person by the signatory
 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.

Continue to next page

Partner 2's statutory declaration

I, *your name in full*

Do solemnly and sincerely declare that:

1. I live at
your home address

2. I wish to enter into a civil partnership with *name of partner 1*

3. I am not married or in a civil partnership; and believe I do not have a prohibited relationship with

and I make this solemn declaration conscientiously believing the same to be true by virtue of the provisions of the *Oaths Act 1867*.

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]

Declared at *place* **on** DD / MM / YYYY

Signature *of partner 2*

If partner 2 has directed a substituted signatory to sign for them *cross-out or leave blank if not applicable*

Full name *of substituted signatory* **on** DD / MM / YYYY

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

Witness's place of employment *cross-out or leave blank if not applicable* **on** DD / MM / YYYY

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 (partner 2 /declarant) or substitute signatory must complete this section

SIGNATORY / SUBSTITUTE SIGNATORY to complete

Who signed this declaration?

- the signatory (partner 2/declarant)
- a substitute signatory

How did the signatory/substitute signatory sign?

- on paper
- electronically

How was this declaration witnessed?

- in person
- over audio visual link

The witness must complete this section

WITNESS to complete

How did you (the witness) sign this document?

- on paper
- electronically

What document did you (the witness) sign?

- The same physical (paper) document that was signed in the presence of the signatory /substitute signatory
- 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)
- 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?

- paper
- 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)?

- in person by the signatory
- 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.

(Version 4) Civil partnership certificate application

Effective as of 01/07/2016
Births, Deaths and Marriages Registration Act 2003
Relationships Act 2011

Office use only

Court/QGAP and receipt no.:

Proof of ID for the person applying is required when buying a certificate—please complete the application form in full and sign in the who is applying section.

1. Civil partnership certificate details *Must be as shown on the Queensland certificate you are applying for*

Is the civil partnership registered in Queensland	<input type="checkbox"/> Yes, submitted with registration
	<input type="checkbox"/> No, you need to apply to the interstate or overseas registry
Place of ceremony <i>if held</i>	
Date of registration <i>if known</i>	
Partner 1	
First name	
Middle name(s) <i>if any</i>	
Family name	
Partner 2	
First name	
Middle name(s) <i>if any</i>	
Family name	

2. Who is applying *Your details as shown on your proof of ID documents*

First name	
Family name	
Your signature	sign here
Your relationship to the person named on the certificate	<input type="checkbox"/> Self
	<input type="checkbox"/> Other (please specify) _____
Name of organisation <i>if applicable</i>	
Home address <i>Street, suburb, state and include country if not Australia</i>	
	Postcode
Date of application	*Contact number <i>mobile preferred</i>
*Email	
*By providing a mobile number and email address, I consent to the use of that email address and mobile number for RBDM to provide me with electronic information and for contact using SMS and email that relates to this application. I understand that it is my responsibility to ensure that I have nominated a secure email address to RBDM to send any related correspondence to. I acknowledge that it is my responsibility to ensure the security of that information after I receive it.	

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3. Order details *To view fees and commemorative certificate designs visit www.qld.gov.au/rbdm*

Commemorative package <i>includes a standard civil partnership certificate</i>	<input type="checkbox"/> Specify design: Partnership (cpcmmp)
Standard civil partnership certificate	<input type="checkbox"/> How many ____
Priority service	<input type="checkbox"/> No priority available - normal processing time applies (no additional fee) <input type="checkbox"/> Urgent - only available if partnership is already registered (attracts fee)
Reason you want this certificate	

4. Delivery details

Type of delivery	<input type="checkbox"/> Standard post (no additional fee) <input type="checkbox"/> Registered post <input type="checkbox"/> Express post <input type="checkbox"/> International registered post
Where certificate is to be posted	<input type="checkbox"/> Post to me at my home address above OR <input type="checkbox"/> Post to the delivery details below:
First name	
Family name	
Postal address <i>include country only if not Australia</i>	
	Postcode

Privacy notice

The Department of Justice and Attorney-General is collecting your personal information for the purpose of processing your civil partnership certificate under the *Births, Deaths and Marriages Registration Act 2003*, Births Deaths and Marriages Registration Regulation 2003 and the *Relationships Act 2011*. Unless required or authorised by law, your personal information will not be provided to any other third party without your consent. 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**.