

Certificate Application

Domestic Partnership

Applicant's Name (person making request)		
Full Address		
Daytime Telephone Number	Email Address	Date
Signature of Applicant		Have you written previously to this office regarding this request? If yes, approximately when? <input type="checkbox"/> Yes <input type="checkbox"/> No

DOMESTIC PARTNERSHIP CERTIFICATE	
Full Name of Partner	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Full Name of Partner	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Registration	
Relationship to Persons named	
Please Check Certificate Required <input type="checkbox"/> Short Form <input type="checkbox"/> Long form (restricted, subject to Vital Statistics Act)	

If you are applying to register your domestic partnership, check here. A registration form will be forwarded to you.

If you are applying to terminate an existing domestic partnership, check here.

The domestic partnership is to be terminated for the following reason
 (check appropriate box and information and/or forms will be forwarded to you)

- 1. One of the parties has married a third party (provide copy of marriage certificate)
- 2. We wish to file a joint Statement of Termination
- 3. Parties separated for more than one year and one of us wishes to file an affidavit to that effect
- 4. Separation agreement filed with the Court under section 52 of the *Maintenance and Custody Act*

SERVICES REQUESTED - Please indicate if more than one copy is required			
<input type="checkbox"/> Registration of Domestic Partnership: \$22.41	<input type="checkbox"/> Short Form Certificate: \$29.70 per certificate	<input type="checkbox"/> Certificate of Termination: \$29.70 per certificate	
<input type="checkbox"/> Registration of Termination: \$22.41	<input type="checkbox"/> Long Form Certificate: \$35.90 per certificate	<input type="checkbox"/> Courier Service: \$20.00	
Payment Type	Submitted by	Credit Card	Submitted by
<input type="checkbox"/> Cheque	<input type="checkbox"/> Mail	<input type="checkbox"/> Visa <input type="checkbox"/> American Express	<input type="checkbox"/> Mail <input type="checkbox"/> In person
<input type="checkbox"/> Money Order	<input type="checkbox"/> In person	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Fax _____
<input type="checkbox"/> Credit Card - Complete credit card section on right		Credit Card Number _____	
<input type="checkbox"/> Interac/Cash payment may only be made in person at the counter		Name as shown on credit card _____	
		Expiry Date _____	
Your Signature _____		Cardholder Signature _____	

