



2 Civic Place, Katoomba 2780  
(02) 4780 5509

## APPLICATION FOR INCLUSION ON THE RELATIONSHIP DECLARATION REGISTER

### How to use this form:

- Both partners complete this form and lodge it together, in person, at least 30 days before the date required for either production of a certificate or a ceremony.
- Ensure that all fields have been filled out correctly. Please note that fields on this form marked with an \* are mandatory and must be completed before submitting the application.
- Once completed, **both parties** attend the Council office together to submit this form.

#### Part 1: Applicant Details (one party must provide contact details)

Full name *		
Address *		
Suburb *	State *	Postcode *
Home/Business and Mobile Number *		
H:	W:	M:
Email Address *		

#### Part 2: Applicant Names

Your legal name(s), as they appear on your birth certificate or as changed by deed poll, must be provided and will be recorded on the electronic Relationship Declaration Register. You can choose to have another name (such as a name by which you are commonly known) printed on the physical Relationship Declaration Certificate and Register. Please print clearly and use block (capital) letters to complete all fields below.

	Partner 1	Partner 2
Legal first name *		
Legal other / middle name(s) *		
Legal Surname *		
Name to appear on Declaration Certificate (only complete if different to legal name)		
Date of Birth *(DD/ MM/ YYYY)		

#### Part 3: Proof of Age

Provide one original document of either option below for each partner as evidence of age and tick the appropriate box.

	Partner 1	Partner 2
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Passport	<input type="checkbox"/>	<input type="checkbox"/>
Driver's Licence	<input type="checkbox"/>	<input type="checkbox"/>

#### Part 4: Parental / Guardian Consent

Persons aged under 18 years must have a parent/legal guardian present at the time application to present proof of identification and proof of their legal relationship to the applicant.

Is the applicant under 18 years of age?	No <input type="checkbox"/>	Yes <input type="checkbox"/> ↻
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If yes, the parent / guardian should complete and sign the following statement:

I, \_\_\_\_\_, am the parent / legal guardian (cross out that which does not apply) of \_\_\_\_\_, with whom I wish to make this declaration and I give my consent for them to make a Relationship Declaration with their partner.

Name of Parent / Guardian	Signature *	Date

**Part 5: Declaration Ceremony Preferences**

Please indicate how you would like to make your declaration by ticking the applicable box below. \*

Description		Guests allowed?
<b>Option 1</b> <input type="checkbox"/>	Relationship Declaration - lodging of application, registering of application and production of a certificate organised through BMCC web site or BMCC front counter. Fee \$90.00	No
Preference date *		
<b>Option 2</b> <input type="checkbox"/>	Witness Relationship Declaration - as above, with an additional service of a witness of a certificate organised through web site or front counter and witnessed by the Executive Officer. Fee \$110.00	No
Preference date *		
<b>Option 3</b> <input type="checkbox"/>	Ceremonial Relationship Declaration – as per Option 1 above, but with an additional service where the Register and Certificate is pre-organised for use by a registered Celebrant at a ceremony. Fee \$150.00	Yes
Ceremony/ declaration	Venue:	
	Date:.	

**Part 6: Payment Details**

I attach / submit payment of \$ \_\_\_\_\_ by the following method (please tick):

Money Order (made out to the Blue Mountains City Council)	<input type="checkbox"/>	Credit Card – Mastercard or Visa only	<input type="checkbox"/>
Bank or Personal cheque (made out to the Blue Mountains City Council)	<input type="checkbox"/>	Cash / EFTPOS	<input type="checkbox"/>
Relationship Declaration Register Ceremony deposit paid (\$ _____)	<input type="checkbox"/>		

**Part 7: Applicant Declaration****Both partners must read and sign the following declaration:**

We declare that the information we have provided on this application form is correct and that we have read and agree to the Conditions of the Relationship Declaration Service. By providing this information, we consent to it being held, used and disclosed for the purposes described above. We understand that the disclosure of information will be lawfully authorised if its disclosure is required by law or is otherwise in accordance with the provisions of the Privacy and Personal Information Protection Act 1998 (NSW).

We understand that we are entering into a voluntary commitment with our partner. We understand that the declaration we make may be tendered as evidence in legal proceedings of the existence and duration of our relationship.

We understand that the Blue Mountains City Council does not guarantee the accuracy of the information being held and that it reserves the right to cease the keeping of the Relationship Declaration Register at any time.

We agree to indemnify Blue Mountains City Council and its officers against all liability for anything done bona fide in the creation, updating and maintenance of our information provided for the purposes of the Register and against all liability in respect of any claims, and for all loss and damage, that may arise from the use or otherwise of the Relationship Declaration Register.

<b>Partner One Name</b>	<b>Partner One Signature *</b>	<b>Date</b>
<b>Partner Two Name</b>	<b>Partner Two Signature *</b>	<b>Date</b>

**Part 8: Blue Mountains City Council Privacy Statement**

Blue Mountains City Council (BMCC) is committed to protecting your personal information and only collects information for the purposes in which it is intended. The Relationship Declaration Register is not a public register and will not be provided to individuals to view or copy. Council cannot guarantee that other individuals will not see your details when signing the register during a declaration.

For further information please see BMCC's full Privacy Statement on the Blue Mountains City Council's website.

**Office Use Only**

Receiving Officer	Date Received	Fees Paid \$	Proof of age / ID documents sighted <input type="checkbox"/>
Declaration Date	Declaration Time	Declaration Venue	Council Staff Witness