Robbinsville Township

Request for Certified Copies of a Domestic Partnership

Exact date record filed	Full name of partner # 1 (as it appears on record)	Full name of partner # 2 (as it appears on record)

Name of person requesting record	Daytime phone number of requestor

Address where record should be mailed	City	State	Zip

Requestor's Relationship to Couple: (Proof Required)

☐ Self ☐ Parent ☐ Child ☐ Sibling

☐ Legal Guardian ☐ Legal Representative ☐ Other _____

You must include the following when mailing this request:

☐ Copy of Photo ID showing the address to which record is being sent

Note: If you do not have a photo ID showing the address to which the record will be sent, you may submit a photo ID without the address (green card, work ID, school ID) AND one other form of ID showing the shipping address.

OR

2 alternate forms of ID showing requestor's name and shipping address - (such as an insurance card, voter registration card, utility bill, lease, bank statement, or deed)

☐ Check or Money Order - $10 each certificate

Make Checks Payable To: **ROBBINSVILLE TOWNSHIP**

Mail this form to: Robbinsville Township Clerk's Office
1 Washington Blvd., Suite 6
Robbinsville, NJ 08691
(609) 918-0002 Ext 104

Multiple years will not be searched. You will be notified within 7 days of receipt of request as to the availability of the requested record.

☐ Approved ☐ Denied, Reason _____

Date _____ Init _____