

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) <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Representative <input type="checkbox"/> 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 - \$8 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 _____