

Civil Union Certificate Request Form

Partner A's Name _____

Partner B's Name _____

Date of Union _____

Your Signature _____

Your Relationship to Person on Civil Union Certificate

- Self
- Parent
- Guardian
- Other _____

If mailing, your address: _____

Cost of a copy of civil union certificate:

\$15.00 for first copy

\$4.00 for each additional copy of same certificate