

BDM Receipt No \_\_\_\_\_

Registration No \_\_\_\_\_

# WITHDRAWAL OF APPLICATION

## To Register/Revoke a Deed of Relationship

### HOW TO APPLY

#### Applicants:

This process is only applicable prior to the registration of the Deed of Relationship. The application can be lodged by one or both parties.

You must complete all relevant parts of this form and **lodge with the required identification for each applicant.**

#### Identification must be certified:

All identification must be certified by a Justice of the Peace, Commissioner for Declarations, or by a Births, Deaths and Marriages staff member **only**. To find your nearest Justice of the Peace please contact the Legal Aid Commission on 1300 366 611.

#### In Person:

If you are applying in person at Births, Deaths and Marriages, you will need to make an appointment by phoning 1300 135 513.

#### By Post:

Send the form with your cheque, money order or credit card details to:

Births, Deaths and Marriages

30 Gordons Hill Road

Rosny Park Tasmania 7018

Please do not send original documents.

### ENQUIRIES

Please visit [www.justice.tas.gov.au/bdm](http://www.justice.tas.gov.au/bdm) or email [bdm@justice.tas.gov.au](mailto:bdm@justice.tas.gov.au)

### YOUR IDENTITY

**Each applicant must provide one document from the list below, as evidence of the right to be in Australia.**

- |  |  |
|--|--|
| <input type="checkbox"/> Birth Certificate issued in Australia | <input type="checkbox"/> Australian Visa and Overseas Passport |
| <input type="checkbox"/> Australian Passport                   | <input type="checkbox"/> Certificate of Resident Status        |
| <input type="checkbox"/> Australian Citizenship Certificate    | <input type="checkbox"/> Current New Zealand Passport          |
| <input type="checkbox"/> Australian Government issued Immicard |  |

**Each applicant must provide one document from the list below, as evidence of operating in the community.**

- |   |  |
|---|--|
| <input type="checkbox"/> Photo Drivers Licence  | <input type="checkbox"/> Photo Security Guard / Crowd Controller Licence |
| <input type="checkbox"/> Firearms Licence   | <input type="checkbox"/> Defence Force Photo ID Card                     |
| <input type="checkbox"/> Bank / Credit Card with Signature  | <input type="checkbox"/> Police Service Photo ID Card                    |
| <input type="checkbox"/> Medicare Card  |  |
| <input type="checkbox"/> Department of Veteran Affairs (DVA) / Centrelink Pensioner Concession Card                           |  |
| <input type="checkbox"/> Births, Deaths and Marriages (BDM) Change of Name / Marriage Certificate (to prove name change only) |  |

**You must provide documents from the list below that show your current residential address and prove that you are domiciled or ordinarily reside in Tasmania.**

- |   |  |
|---|--|
| <input type="checkbox"/> Lease or Tenancy / Agreement           | <input type="checkbox"/> Utility Account (with proof of payment) |
| <input type="checkbox"/> Bank Statement / Credit Card Statement | <input type="checkbox"/> Certificate of Vehicle Registration     |

## APPLICANT ONE DETAILS

Surname	<input type="text"/>		
Given Name(s)	<input type="text"/>		
Usual Residence	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/>

## APPLICANT TWO DETAILS

Surname	<input type="text"/>		
Given Name(s)	<input type="text"/>		
Usual Residence	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/>

## DECLARATION

We/I hereby request that the application to register/revoke the Deed of Relationship between the above parties be withdrawn from the date of this application.

Applicant One Signature	<input type="text"/>	Date Signed	<input type="text"/>
Applicant Two Signature	<input type="text"/>	Date Signed	<input type="text"/>

## PAYMENT OPTIONS

Please include with your application a cheque or money order payable to Births, Deaths and Marriages. Alternatively, please complete the credit card authorisation below.

Credit Card Type  Visa  Mastercard

Card Number	<input type="text"/>	Expiry Date	<input type="text"/>
Cardholder Name	<input type="text"/>	Amount (\$):	<input type="text"/>
Signature	<input type="text"/>	Date signed	<input type="text"/>

## PRIVACY NOTES

The Relationship Act 2003 authorizes the collection of information by this form and attachments. It will be used for the purposes of that Act and is available under strict privacy conditions to government agencies for statistical purposes and to authorized non-government bodies for medical research and community planning purposes. Accuracy is important as the registered information form part of historical records and is the basis for vital statistical tabulations.