

Civil Union License Application

Partner A

Your civil union record is vital. Be sure the information you give is complete and accurate. Fields marked * are required.
Place your mouse over ⓘ for more information and instructions.

Name & Birth Information

* First Name ⓘ

Do not use abbreviations or initials

Middle Name ⓘ

Do not use abbreviations or initials

* Last Name ⓘ

Do not use abbreviations or initials

Suffix

Select one

SSN

Enter the ssn as 9 digits

* Date of Birth

Enter the year as 4 digits

Month

Day

* Country of Birth

Select a country

United States

* City of Birth

Enter city

* State of Birth

Select a state

Residential Information

* Country

Select a country

United States

* Address 1 ⓘ

Street address

Address 2

Apartment or suite

* City

Enter city

* County

* State

Select a state

Province

Enter a province

* Zip/Postal Code

Enter your zip code

Civil Union License Application

Partner A

Partner A Father Information

First Name

Do not use abbreviations or initials

Middle Name

Do not use abbreviations or initials

Last Name

Do not use abbreviations or initials

Country of Birth

Select a country

State of Birth

Select a state

Living?

Select

Partner A Mother Information

First Name

Do not use abbreviations or initials

Middle Name

Do not use abbreviations or initials

Maiden Name ?

Do not use abbreviations or initials

Country of Birth

Select a country

State of Birth

Select a state

Living?

Select

Supplementary Data

Confidential Information - Information on previous Marriage/other Legally Recognized Union/RBR, race, occupation and education is confidential and will not be reproduced on certified copies of Civil Union certificate but used for statistical purposes only.

*** Is this your first Marriage, Other Legally Recognized Union, or RBR?**

Select one

Number of this Marriage/Other Legally Recognized Union/RBR

Select one

Last Marriage/Other legally Recognized Union/RBR ended by

Select one

Date Ended

Month

Day

Enter the year as 4 digits.

If you do not know the day, enter the first day of the month.

Place Ended - Country

Select a country

Place Ended - County

Place Ended - State

Select a state

Race

Occupation ?

Partner A occupation - [More info](#)

Education

Specify highest grade completed

Sex

Save & Continue

Cancel

Civil Union License Application

Partner B

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Name & Birth Information

* **First Name** ⓘ

Do not use abbreviations or initials

Middle Name ⓘ

Do not use abbreviations or initials

* **Last Name** ⓘ

Do not use abbreviations or initials

Suffix

Select one

SSN

Enter the ssn as 9 digits

* **Date of Birth**

Enter the year as 4 digits

Month

Day

* **Country of Birth**

Select a country

United States

* **City of Birth**

Enter city

* **State of Birth**

Select a state

Residential Information



Same as Partner A address

* **Country**

Select a country

United States

* **Address 1** ⓘ

Street address

Address 2

Apartment or suite

* **City**

Enter city

* **County**

* **State**

Select a state

Province

Enter a province

* **Zip/Postal Code**

Enter your zip code

Save & Continue

Cancel

Back

Civil Union License Application

Partner B

Partner B Father Information

First Name

Do not use abbreviations or initials

Middle Name

Do not use abbreviations or initials

Last Name

Do not use abbreviations or initials

Country of Birth

Select a country

State of Birth

Select a state

Living?

Select

Partner B Mother Information

First Name

Do not use abbreviations or initials

Middle Name

Do not use abbreviations or initials

Maiden Name ?

Do not use abbreviations or initials

Country of Birth

Select a country

State of Birth

Select a state

Living?

Select

Supplementary Data

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Select one

Last Marriage/Other legally Recognized Union/RBR ended by

Select one

Date Ended

Month

Day

Enter the year as 4 digits.

If you do not know the day, enter the first day of the month.

Place Ended - Country

Select a country

Place Ended - County

Place Ended - State

Select a state

Race

Occupation ?

Partner B occupation - [More info](#)

Education

Specify highest grade completed

Sex

Save & Continue

Cancel

Civil Union License Application

Civil Union Information

Your civil union record is vital. Be sure the information you give is complete and accurate. Fields marked * are required.
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Ceremony Information

Date of Civil Union Date of ceremony must be within 30 days of the license issued date		Month <input type="text"/>	Day <input type="text"/>	<input type="text"/>
Name of Performer Commissioned by the State of Hawaii ⓘ <input type="text"/>		List of Online Performers Only if your performer is online, your temporary civil union certificate will be available one business day after your performer completes the ceremony information online.		
Type of Ceremony Select one <input type="text"/>				
Island Select one <input type="text"/>				
Place of Ceremony		<input type="text"/>		
Blood relationship of Partner A to Partner B Generally the entry here will be "None"		<input type="text"/>		
* Do you want your names published in the newspaper or posted electronically? Names printed or posted electronically on a space available basis as a public service; no charge. (May not be available on all islands)		No <input type="text"/>		

Forwarding Address

A certified copy of your civil union certificate will be sent here.

Get forward address from: Select one or enter a new address below <input type="text"/>	
* Country Select a country	United States <input type="text"/>
* Address 1 ⓘ Street address	<input type="text"/>
Address 2 Apartment or suite	<input type="text"/>
* City Enter city	<input type="text"/>
State Select a state	<input type="text"/>
Province Enter a province	<input type="text"/>
* Zip/Postal Code Enter your zip code	<input type="text"/>
County	<input type="text"/>

Contact Information

This information will be used if the Registration office has inquiries regarding your civil union certificate and will help to expedite the issuance of the certified copies.

* Home/Cell Phone Number	<input type="text"/>
Work Phone Number	<input type="text"/>
Email Address Enter a valid email address	<input type="text"/>

Declared Names

Partner A Declared Name Enter middle and last names after civil union	
Middle Name ⓘ	<input type="text"/>
Last Name ⓘ	<input type="text"/>
Partner B Declared Name Enter middle and last names after civil union	
Middle Name ⓘ	<input type="text"/>
Last Name ⓘ	<input type="text"/>
Comments	<input type="text"/>