

New Jersey Department of Health
Office of Vital Statistics and Registry
P. O. Box 370
Trenton, NJ 08625-0370

QUARTERLY REPORT OF DOMESTIC PARTNERSHIPS REGISTERED

NOTICE TO REGISTRAR:

The form below is to be used when forwarding Domestic Partnership Registration Fees to the New Jersey Department of Health, Office of Vital Statistics and Registry, in accordance with the Domestic Partnership Act.

INSTRUCTIONS:

1. Fill in your 4-digit Municipality Code.
2. Enter the Period Ending Date. On the right side of the form, select the appropriate quarterly period to correspond to the Period Ending Date.
3. Enter the number of Domestic Partnerships Registered for the quarter.
4. Multiply the number of Domestic Partnership Registrations from Line 3 by the appropriate fee (currently \$25.00). Enter the total amount due for the quarter.
5. Print the name of your municipality and county.
6. Sign and date the form.

The reports are to be completed and submitted with your payment on a quarterly basis and must be sent within the 30-day period following the end of each quarter. If no Domestic Partnerships were registered during the quarter, indicate "**NONE**" on Line 3 and fax the form to (609) 341-2007.

Registrar: Please complete all requested information.

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1. Municipality Code

2. Period Ending Date / /

3. No. of Domestic Partnership Registrations..... X \$25.00 =

4. Total Amount Due.....\$

5. Municipality/County Name:

6. Signature/Date:

This report identifies the number of Domestic Partnership Registrations for the indicated calendar year (entered into #2 on left):

October-November-December
 July-August-September
 April-May-June
 January-February-March

Make check for "Total Amount Due" payable to:
"TREASURER, STATE OF NEW JERSEY"

Mail to:
**NJ Department of Health
Office of Vital Statistics and Registry
Domestic Partnership Registration Fees
P. O. Box 370
Trenton, NJ 08625-0370**