APPLICATION FOR A MARRIAGE CERTIFICATE

For Register Office Use Only			
Register No.	Entry No.	Certificate No.	
Date of Issue			

TO THE REGISTRATION OFFICER HAVING CUSTODY OF THE REGISTER

1. APPLICANT	
Name of Applicant:	
(Title)	(State full name)
Full postal address	
Postcode:	Telephone:
Please state your relationship to the person to whom the c	ertificate relates:
It would help us if you would state the purpose for which	the certificate is required:
Please state how many copies you require	
Do you require an apostile?	
Do you require an apostne.	
2. DETAILS OF THE MARRIAGE CERTIFICATE REQUIRE	D:
Surname:	Surname:
Forenames:	Forenames:
. Signamos.	
Date of Marriage: day/month/year	Place of Marriage: name of building, church or register office and locality
Signature:	

Note:

FOR SECURITY PURPOSES PLEASE ENCLOSE A <u>COPY</u> OF THE APPLICANT'S PASSPORT PLUS <u>COPIES</u> OF EITHER OF THE FOLLOWING: A UTILITY BILL, DRIVING LICENCE OR ANY OTHER DOCUMENT THAT CONTAINS BOTH THE NAME AND ADDRESS OF THE APPLICANT