

## **APPLICATION FOR A CIVIL PARTNERSHIP 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 certificate relates:

It would help us if you would state the purpose for which the certificate is required:

Please state how many copies you require:

### **2. DETAILS OF THE CIVIL PARTNERSHIP CERTIFICATE REQUIRED:**

Surname:

Surname:

Forenames:

Forenames:

Date of Civil Partnership: day/month/year

Place of Civil Partnership: name of building, church or register office and locality

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Signature:

### **Note:**

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

**Please allow 3 working days for your request to be processed**