

**APPLICATION FOR A
CIVIL PARTNERSHIP CERTIFICATE**

PLEASE READ THE NOTES OVERLEAF BEFORE
COMPLETING THIS FORM

**FOR REGISTRATION
AUTHORITY USE ONLY**

Entry No

Cert No

Date of issue

1 APPLICANT

Name of applicant Mr
Mrs
Miss/Ms (State name in full)

Full postal address

Post code.....Telephone no.....

2 Are you applying for your own civil partnership certificate? YES/NO If not please state your relationship to the person to whom the certificate relates

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

4 DETAILS OF CIVIL PARTNERSHIP CERTIFICATE REQUIRED

Name of civil partner	Name of civil partner
Address at the time of the civil partnership registration	Address at the time of the civil partnership registration
Place of the civil partnership registration	
Date of the civil partnership registration	

5 REQUIREMENTS

Civil Partnership Certificate £..... I require.....Full certificate(s)
I require.....Extract(s)

6 REMITTANCE ENCLOSED (Postal applications only)

I enclose a cheque/postal order for £.....

7

Signature..... Date.....