

Application for a copy of a Civil Partnership Certificate

Name of applicant	_____
Address	_____

Post Code	_____
Tel no	_____
e-mail	_____

Are you applying for a copy of your own partnership certificate? YES/NO

If not, please state your relationship to the persons to whom the certificate relates _____

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

DETAILS OF PARTNERSHIP CERTIFICATE REQUIRED

PERSON 1	PERSON 2
Surname	Surname
Forename(s)	Forename(s)

Place of Partnership Ceremony

Name of building or Register Office and locality	_____
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Date of Partnership	Day	Month	Year	

I require certificate(s)

Fee _____ check fee payable with the Register Office

Remittance enclosed (Postal applications only) **Please enclose SAE**

I enclose a cheque/postal order for £ made payable to "The Superintendent Registrar"

Signed _____

Date _____

For office use only	
Register No.	Certificate no.
Entry No.	Date of issue