

APPLICATION FORM FULL CIVIL PARTNERSHIP CERTIFICATE

Please return to:
Wakefield Register Office
71 Northgate, Wakefield, WF1 3BS

Your Full Name: Mr/Mrs/Miss/Ms	
Postal Address:	
Postcode:	Telephone Number:
Today's Date:	

Please state your relationship to the persons to whom the certificate relates:		
For what purpose is the certificate required?		
DETAILS OF CIVIL PARTNERSHIP CERTIFICATE REQUIRED		
FIRST PARTNER	SECOND PARTNER	
SURNAME :	SURNAME:	
FIRST NAME(S):	FIRST NAME(S):	
Address at time of Registration of Civil Partnership*	Address at time of Registration of Civil Partnership*	
Date of Civil Partnership:		
Place of Registration of Civil Partnership (Register Office, Approved Premises or other building) and locality :		
FOR OFFICE USE ONLY		
Register No.:	Cheque received:	
Entry/Page No.:	Cost of Certificate:	£10.00
Cert. No.:	Certificate posted on:	

*If the addresses are not completed or do not agree with the information in the record of Civil Partnership you will be supplied with an Extract Civil Partnership Certificate at the same fee.

Cheque/Postal Orders to be made payable to 'The Superintendent Registrar'.