

## APPLICATION FORM EXTRACT CIVIL PARTNERSHIP CERTIFICATE

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

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

<b>Please state your relationship to the persons to whom the certificate relates:</b>	
<b>For what purpose is the certificate required?</b>	

### DETAILS OF CIVIL PARTNERSHIP CERTIFICATE REQUIRED

FIRST PARTNER	SECOND PARTNER
<b>SURNAME :</b>	<b>SURNAME:</b>
<b>FIRST NAME(S):</b>	<b>FIRST NAME(S):</b>

<b>Date of Civil Partnership:</b>
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<b>Place of Registration of Civil Partnership (Register Office, Approved Premises or other building) and locality :</b>
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### FOR OFFICE USE ONLY

<b>Register No.:</b>	<b>Cheque received:</b>	
<b>Entry/Page No.:</b>	<b>Cost of Certificate:</b>	<b>£10.00</b>
<b>Cert. No.:</b>	<b>Certificate posted on:</b>	

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