



**APPLICATION FOR CIVIL**  
**PARTNERSHIP CERTIFICATE**

REGISTER No.	ENTRY No.	CERTIFICATE No.	DATE ISSUED
PLEASE COMPLETE ALL SECTIONS BELOW IN BLOCK CAPITALS.		Date:	
If not your own civil partnership certificate, please state relationship to the persons:			
<b>DETAILS OF CIVIL PARTNERSHIP CERTIFICATE REQUIRED</b>			
<b>Partner 1</b>		<b>Partner 2</b>	
Forenames		Forenames	
Surname (before CP)		Surname (before CP)	
ANY OTHER SURNAMES USED		ANY OTHER SURNAMES USED	
PLACE OF CIVIL PARTNERSHIP (please provide as much information as possible i.e. Venue/Town)		DATE OF CIVIL PARTNERSHIP	
If you would like to purchase a full copy of your civil partnership certificate please supply the address of each party at the time the partnership was formed in the box below. Without this information only an extract certificate can be issued.			
<b>Partner 1</b>		<b>Partner 2</b>	
<b>YOUR DETAILS</b>			
Name:			
Address:			
Post code:		Phone Number:	
<b>CERTIFICATE &amp; PAYMENT DETAILS</b>		<b>FEE</b>	<b>NUMBER REQUIRED?</b>
<b>FULL CIVIL PARTNERSHIP CERTIFICATE</b>		<b>£11.00</b>	
<b>EXTRACT CIVIL PARTNERSHIP CERTIFICATE</b>		<b>£11.00</b>	
<b>PAYMENT</b>		<i>Please tick as appropriate</i>	
<b>Credit / Debit card over the phone</b> Please tick this box and we will call you to take the payment.			
<b>Cheque / Postal Order</b> Please enclose a cheque/ PO for the full amount with your application form. Payable to Cornwall Council.			