

APPLICATION FOR CIVIL PARTNERSHIP CERTIFICATE

REGISTER OFFICE USE ONLY			
RON SYSTEM No.		CERTIFICATE No.	DATE ISSUED
PLEASE COMPLETE IN BLOCK CAPITALS		Today's Date: -	
DETAILS OF CIVIL PARTNERSHIP CERTIFICATE REQUIRED			
<u>Partner 1</u>		<u>Partner 2</u>	
FORENAMES		FORENAMES	
SURNAME (On CP certificate)		SURNAME (On CP certificate)	
ANY OTHER SURNAMES USED		ANY OTHER SURNAMES USED	
PLACE OF CIVIL PARTNERSHIP		DATE OF CIVIL PARTNERSHIP	
<u>YOUR DETAILS</u>			
Name:			
Address:			
Post code:		Phone Number	
<u>PAYMENT</u>			
CIVIL PARTNERSHIP CERTIFICATE = £10.00			
(Please indicate whether you wish to have an <u>extract</u> copy which does not include your address at the time of the formation or a <u>full</u> certificate which contains all information including address)			
NUMBER REQUIRED:		TOTAL COST: £	
<u>CREDIT DEBIT CARD</u>			
(Switch Cards will have 18 digits)			
CARD NO:- _____ / _____ / _____ / _____		ISS NO _____ (if appropriate)	
Exp date __ / __ start date __ / __ 3 Digit Security Code ____			
NAME EXACTLY AS ON CARD: _____			
ALL CHEQUES AND POSTAL ORDERS SHOULD BE MADE PAYABLE TO:-			
CORNWALL COUNCIL			
PLEASE ENCLOSE A STAMPED SELF ADDRESSED ENVELOPE WITH YOUR APPLICATION			
PLEASE SEND THIS FORM TO THE REGISTRATION OFFICE FOR THE AREA WHERE YOUR CIVIL PARTNERSHIP FORMATION TOOK PLACE			