

APPLICATION FORM TO REGISTER A CIVIL PARTNERSHIP FOLLOWING  
ISSUE OF FULL GENDER RECOGNITION CERTIFICATE

Please read the attached guidance note before completing this form.

	<i>Applicant 1</i>	<i>Applicant 2</i>
1. Surname(s) when existing civil partnership was registered		
2. Date of existing civil partnership registration		
3. Place of existing civil partnership registration		
4. Contact telephone number		
5. Email address		
6.		
<i>(Signed by applicant)</i>	<i>(Signed by applicant)</i>	
<i>(Date)</i>	<i>(Date)</i>	