

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. If you registered your civil partnership before 1 June 2021 and only one of you has obtained a full gender recognition certificate do you wish the civil partnership register to show the original date of your civil partnership?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
2. Forename(s)*		
Surname(s)*		
Surname(s) when existing civil partnership was registered		
3. Date of existing civil partnership registration		
4. Place of existing civil partnership registration		
5. Occupation*		
6. Country of birth*		
7. Usual residence*		
8. Father's/Parents forename(s), surname(s), occupation or whether retired, and whether living*		
9. Mother's/Parents forename(s), surname(s), occupation or whether retired, and whether living*		

10. Contact telephone number		
11. Email address		
12.		
<i>(Signed by applicant)</i>		<i>(Signed by applicant)</i>
<i>(Date)</i>		<i>(Date)</i>

*at the time of this application. You only need to provide these details if your civil partnership was registered before 1 June 2021; only one of you has obtained a full gender recognition certificate; and you do not wish the register to show the original date of your civil partnership.