

APPLICATION FORM TO REGISTER A MARRIAGE 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> |
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| 1. If you married before 16 December 2014 and only one of you has obtained a full gender recognition certificate do you wish the Register of marriages to show the original date of your marriage? | 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 marriage was registered | | |
| 3. Date of existing marriage registration | | |
| 4. Place of existing marriage 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. Preferred designation (please tick) | Bride <input type="checkbox"/> Bridegroom <input type="checkbox"/> No designation <input type="checkbox"/> | Bride <input type="checkbox"/> Bridegroom <input type="checkbox"/> No designation <input type="checkbox"/> |

| | | |
|------------------------------|------------------------------|--|
| 11. Contact telephone number | | |
| 12. Email address | | |
| 13. | | |
| <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 you entered into marriage before 16 December 2014; 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 marriage.