## Central Bedfordshire

## Civil partnership certificate application form

For copy certificates

Applicant name:				
Telephone number:				
Delivery address (including postcode):				
Certificate details				
Party 1				
Full Names:				
Address at the time of the civil partnership:				

Party 2 Full Names:			
Address at the time of the civ	il partnership:		
Details of certificate requir	ed		
Place of civil partnership (nam	ne of building or register office	e and locali	ty):
Date of civil partnership:			
Purpose for which the certific	ate is required		
Are you applying for your owr the certificate relates.	n certificate? If not, please sta	te your rela	ationship to the person to whom
Lucavina contificates			
I require certificates.  I enclose cheque for £	(fee plus postage) made p	payable to (	Central Bedfordshire Council.
Signature:	Date:		
Contact us			
by telephone: 0300 300 808 by email: life.events@centra on the web: www.centralbe	albedfordshire.gov.uk		
Write to Central Bedfordshi Woburn Street, Ampthill. M			