



Falkirk Council

Witnesses to a Civil Partnership Registration in Scotland

Please complete in **BLOCK CAPITALS** the full name and addresses of two witnesses, aged over **16 years of age**, who will be present at the Civil Partnership Registration.

If for any reason you wish to later change the name of the witness, please inform the Registrar as soon as possible.

Witness No.1

(Full Name) _____

(Address) _____

Post Code: _____

Witness No.2

(Full Name) _____

(Address) _____

Post Code: _____

After our Civil Partnership Registration, please post our Partnership certificate to the following address:

Post Code: _____

Contact Telephone Number/s: _____

e-mail address: _____

For official use:

Partner: _____ Partner: _____

Date of Partnership: _____ Place of Partnership: _____

Fees Paid: _____ Receipt No: _____

Notes: