

CIVIL PARTNERSHIPS

ADDITIONAL INFORMATION REQUIRED

Day and Date of Civil Partnership

Time

Place of Civil Partnership

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PARTNER A's INFORMATION

PARTNER B's INFORMATION

Full Name

Full Name

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Contact Details

Contact Details

Home Number:

Home Number:

Mobile:

Mobile:

Work:

Work:

Address after Civil Partnership

Witness details

Name:

Name:

Address:

Address:

Postcode:

Postcode:

Are the Partners Related?

Yes / No

PLEASE TURN OVER

CIVIL PARTNERSHIPS

ADDITIONAL INFORMATION CONTINUED

Please tick which option is applicable to you:	
PARTNER A	PARTNER B
Employee	Employee
Self Employed	Self Employed
Student	Student
Looking after house/family	Looking after house/family
Permanently sick or disabled	Permanently sick or disabled
Independent means	Independent means
No previous job	No previous job

Pease tick which option is applicable to you:	
PARTNER A	PARTNER B
Employee	Employee
Manager 1 – 24 employees	Manager 1 – 24 employees
Manager 25 + employees	Manager 25 + employees
Supervisor	Supervisor
EMPLOYER 1 – 24 employees	EMPLOYER 1 – 24 employees
EMPLOYER 25 + employees	EMPLOYER 25 + employees
No Employees	No Employees

Ceremony Details	
Number of guests: <i>(50 maximum in Ardeevin)</i>	Number of rings to be exchanged:
Disabled access required for Ardeevin Yes / No	
Readings or Poems Yes / No (if yes, copy to be provided)	
Providing your own Music eg: Harpist/String Quartet/Singer/CD Yes / No	
Is there a photographer/videographer Yes / No	
Are you using your own floral displays in Ardeevin, Registry Office Yes / No	