

APPLICATION FORM TO CHANGE A CIVIL PARTNERSHIP INTO A MARRIAGE

1. Forename(s)* Surname(s)* Surname(s) when registering civil partnership		
2. Date of civil partnership registration		
3. Place of civil partnership registration		
4. Occupation*		
5. Usual residence*		
6. Date of birth		
7. Country of birth		
8. Father's/Parent's forename(s), surname(s) and occupation		
9. Mother's/Parent's forename(s), surname(s) and occupation		
10. Preferred designation (please tick)	<input type="checkbox"/> Bride <input type="checkbox"/> Bridegroom <input type="checkbox"/> No designation	<input type="checkbox"/> Bride <input type="checkbox"/> Bridegroom <input type="checkbox"/> No designation
11. Contact telephone number		
12. Email address		

13. THIS SECTION IS TO BE COMPLETED BY THE APPLICANTS IN THE PRESENCE OF THE DISTRICT REGISTRAR. PLEASE NOTE THAT APPLICANTS MUST SIGN THIS FORM IN THE PRESENCE OF EACH OTHER.

By signing, each applicant confirms that:

- (a) the civil partnership previously registered has not been dissolved or annulled in Scotland or any other jurisdiction;
- (b) you wish to change this civil partnership into a marriage; and
- (c) you understand the nature of marriage and are capable of consenting to change your civil partnership into marriage.

(Signed by applicant)

(Signed by applicant)

(Date)

(Date)

14. THIS SECTION IS TO BE COMPLETED BY THE DISTRICT REGISTRAR

By signing you are confirming that each applicant has provided the form of identification requested, that this identification is satisfactory and that this form was signed by both applicants in the presence of each other and in your presence.

The civil partnership changes into marriage on signing this form.

(Signed by district registrar)

(Date)

* at the time of this application.