

Please enter in **BLOCK CAPITALS** the full names and addresses of two witnesses present at your ceremony, aged 16 years or over who are capable of understanding the ceremony.

Witness 1

Full name	
Full address including postcode	
Phone number	

Witness 2

Full name	
Full address including postcode	
Phone number	

YOUR CONTACT DETAILS

Name	Phone No	Email address

If you are having a religious or Belief ceremony, please provide details of the celebrant conducting the ceremony.

Full name of Celebrant _____

Telephone No _____

Designation _____

After my ceremony, I wish my certificate to be posted to the following address
