

Witness Detail Form

Your Contact Details:

| | | |
|-----------|--------------|----------------|
| Party One | Phone number | E-mail address |
| | | |
| Party Two | Phone Number | E-mail address |
| | | |

Witness Details

You are required by law to have two witnesses present at your partnership who are 16 years of age or over and are capable of understanding the civil partnership. Please enter below the **full names (*including any middle names*)** and addresses of the people who are going to act as the witnesses to your partnership.

| | |
|---------------------------------|--|
| Witness 1 Full Name | |
| Full address Including postcode | |
| Witness 2 Full Name | |
| Full address Including postcode | |

| | | |
|---------------------|-------|--|
| Date of Partnership | Venue | (If applicable) Celebrant contact details |
| | | |

Please ensure that this information is returned to the registrar's office when lodging your Civil Partnership Notice Application forms: CP10.