

SCHEDULE

Regulation 2(7)

APPLICATION FORM TO REGISTER A CIVIL PARTNERSHIP
FOLLOWING ISSUE OF FULL GENDER RECOGNITION CERTIFICATE

Please read the attached guidance note before completing this form

	Applicant 1	Applicant 2
1. If you registered your civil partnership before 1 June 2021 and only one of you has obtained a full gender recognition certificate do you wish the civil partnership register to show the original date of your civil partnership?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>
	N/A <input type="checkbox"/>	N/A <input type="checkbox"/>
2. Forename(s)*		
Surname(s)*		
Surname(s) when existing civil partnership was registered		
3. Date of existing civil partnership registration		
4. Place of existing civil partnership registration		
5. Occupation*		
6. Country of birth*		
7. Usual residence*		
8. Father's/Parent's forename(s), surname(s), occupation or whether retired, and whether living*		
9. Mother's/Parent's forename(s), surname(s), occupation or whether retired, and whether living*		
10. Contact telephone number		
11. Email address		

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

12.	
(Signed by applicant)	(Signed by applicant)
(Date)	(Date)
*at the time of this application. You only need to provide these details if your civil partnership was registered before 1 June 2021; only one of you has obtained a full gender recognition certificate; and you do not wish the register to show the original date of your civil partnership.	