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**NOTICE OF CIVIL PARTNERSHIP  
PARTICULARS RELATING TO THE PERSONS FORMING A CIVIL PARTNERSHIP**

Name and surname (1)	Date of birth (2)	Sex (3)	Condition (4)	Occupation (5)	Period of residence (6)	Venue in which civil partnership is to be formed (7)	Nationality and registration authority of residence (8)

To the Registration Authority of .....  
 (at an office specified in accordance with Schedule 23, Paragraph 4(1)(a) of the Civil Partnership Act 2004)  
 I, the above-named ..... (name and surname)  
 of ..... (place of residence)  
 give you notice that I and ..... (name and surname)  
 of ..... (place of residence)  
 intend to form a civil partnership on the authority of a schedule within \*one month/three months/twelve months from the date this notice is recorded and I declare as follows:

1. I believe that there is no impediment of kindred or affinity or other lawful hindrance to the formation of the civil partnership.
2. I and the other person named above have for the period of seven days immediately before the giving of this notice had our usual places of residence within the areas of the registration authorities named in Column 8 above.
3. In respect of myself, I am eighteen years of age or over.
4. In respect of the said ..... (name and surname) \*he/she is eighteen years of age or over.
5. I further declare that to the best of my knowledge and belief the declarations which I have made above and the particulars relating to the persons forming a civil partnership are true. I understand that if any of the declarations are false I MAY BE LIABLE TO PROSECUTION UNDER SECTION 80(1)(a) OF THE CIVIL PARTNERSHIP ACT 2004.
6. I also understand that if, in fact, there is an impediment of kindred or affinity or other lawful hindrance to the intended civil partnership the civil partnership may be invalid or void.

Signed ..... Date .....  
 In the presence of ..... (name)  
 a person authorised for that purpose by the Registration Authority.  
 Place of residence ..... Registration Authority.  
 \* Delete whichever does not apply

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Regulation 2(b)

Regulation 3(c)

Form 3(w)

Civil Partnership Act 2004, s.8(2)

NOTICE OF CIVIL PARTNERSHIP PARTICULARS RELATING TO THE PERSONS FORMING A CIVIL PARTNERSHIP

Table with 8 columns: Name and surname, Date of birth, Sex, Condition, Occupation, Period of residence, Venue in which civil partnership is to be formed, Nationality and registration authority of residence.

To the Registration Authority of... I, the above-named... I declare as follows... 1. I believe that there is no impediment of kindred or affinity or other lawful hindrance to the formation of the civil partnership.

Signature... Date... I, the promoter of... I declare as follows... \*Other declarations also may apply (check or uncheck as relevant)

Regulation 2(c)

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PARTICULARS RELATING TO THE PERSONS FORMING A CIVIL PARTNERSHIP**

Name and surname (1)	Date of birth (2)	Sex (3)	Condition (4)	Occupation (5)	Period of residence (6)	Venue in which civil partnership is to be formed (7)	Nationality and registration authority of residence (8)

To the Registration Authority of .....  
 (at an office specified in accordance with Schedule 23, Paragraph 4(1)(a) of the Civil Partnership Act 2004)  
 of ..... (name and surname)  
 I, the above-named ..... (place of residence)  
 give you notice that I and ..... (name and surname)  
 of ..... (place of residence)  
 intend to form a civil partnership on the authority of a schedule within "three months/twelve months from the date this notice is recorded and I declare as follows:

- I believe that there is no impediment of kindred or affinity or other lawful hindrance to the formation of the civil partnership.
- I have not been married before for the period of seven days immediately before the giving of this notice and our usual places of residence within the areas of the registration authorities named in Columns 8 above.
- In respect of myself, I am  
 either "A" eighteen years of age or over;  
 or "B" under the age of eighteen years and  
 (i) I will reach the age of eighteen years on ..... (day)  
 or (ii) I am a surviving civil partner  
 or (iii) the consent of ..... (name(s) whose consent is required by law has been obtained;  
 and/or the necessity of obtaining the consent of ..... (name(s)) has been dispensed with as provided by law,  
 and/or the necessity of obtaining the consent of ..... (name of County Court has consented to the formation of the civil partnership)  
 or (iv) there is no person whose consent to the formation of the civil partnership is required by law.  
 (name and surname)
- In respect of the said ..... (name and surname)  
 either "A" "he/she is eighteen years of age or over;  
 or "B" "he/she is under the age of eighteen years and  
 (i) "he/she will reach the age of eighteen years on ..... (day)  
 or (ii) "he/she is a surviving civil partner;  
 or (iii) the consent of ..... (name(s)) whose consent is required by law has been obtained;  
 and/or the necessity of obtaining the consent of ..... (name(s)) has been dispensed with as provided by law,  
 and/or the necessity of obtaining the consent of ..... (name of County Court has consented to the formation of the civil partnership)  
 or (iv) there is no person whose consent to the formation of the civil partnership is required by law.

5. I further declare that to the best of my knowledge and belief the declarations which I have made above and the particulars relating to the persons forming a civil partnership are true. I understand that if any of the declarations are false I MAY BE LIABLE TO PROSECUTION UNDER SECTION 80(1)(a) OF THE CIVIL PARTNERSHIP ACT 2004.

6. I also understand that if, in fact, there is an impediment of kindred or affinity or other lawful hindrance to the intended civil partnership the civil partnership may be invalid or void.

Signed ..... Date ..... (signature)  
 In the presence of ..... (name)  
 a person authorised for that purpose by the Registration Authority.  
 Place of residence: ..... Registration Authority.  
 \* Tick box whichever applies (not both)

