

**CAPTURE OF DATA FORM**

Please complete this form using block capitals and bring it with you on the day of your appointment

Partner 1	
Forename:	_____
Surname:	_____
Other Surnames:	_____
Date of Birth:	_____
PPS No.:	_____
Address:	_____ _____ _____
Nationality:	_____
Place of Birth:	_____
Mobile/Tel No:	_____
Email:	_____
Occupation:	_____
Civil Status:	Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
Civil Partner <input type="checkbox"/>	Surviving Civil Partner <input type="checkbox"/> Civil Partnership Dissolved <input type="checkbox"/>
Father's Forename:	_____
Father's Surname:	_____
Mother's Forename:	_____
Mother's Birth Surname:	_____
Name of Witness 1:	_____
Witness 1 Date of birth:	_____

Partner 2	
Forename:	_____
Surname:	_____
Other Surnames:	_____
Date of Birth:	_____
PPS No.:	_____
Address:	_____ _____ _____
Nationality:	_____
Place of Birth:	_____
Mobile/Tel No:	_____
Email:	_____
Occupation:	_____
Civil Status:	Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
Civil Partner <input type="checkbox"/>	Surviving Civil Partner <input type="checkbox"/> Civil Partnership Dissolved <input type="checkbox"/>
Father's Forename:	_____
Father's Surname:	_____
Mother's Forename:	_____
Mother's Birth Surname:	_____
Name of Witness 2:	_____
Witness 2 Date of birth:	_____

Form of proposed Ceremony:	Religious / Secular <input type="checkbox"/> Civil <input type="checkbox"/> Date of Ceremony: _____
Solemniser:	_____ Address: _____
Venue Name:	_____ Address: _____
Future Address of Couple:	_____