

WITNESS INFORMATION FORM

Date of Ceremony: _____ Place of Ceremony: _____

YOUR DETAILS

	Party 1	Party 2
Name		
Home Phone Number		
Work/Mobile Number		
E-mail address		

Notice Forms must be submitted by post, please telephone the number below shortly after you expect your forms to arrive. Notice Forms will not be processed without payment.

- By law, you must have two witnesses present at your Marriage/Civil Partnership Ceremony who are 16 years of age or over, and capable of understanding the ceremony.
- If for any reason you wish to change the name(s) of the witnesses, please inform the Registrar as soon as you can.
- Enter in **BLOCK CAPITAL LETTERS** the full names (including all middle names) and addresses of your two witnesses.

WITNESS DETAILS

	Witness No. 1 Full Name	Witness No. 2 Full Name
Forename(s) (inc. middle names)		
Surname		
Address		
Postcode		

CELEBRANT CONDUCTING YOUR CEREMONY DETAILS

Full name of celebrant	
Religious Body or Society to which the Celebrant is attached (i.e. Church of Scotland, Humanist Society Scotland etc.)	
Name and Address of Celebrant's Church (if applicable)	
Contact Number	

WHERE WOULD YOU LIKE YOUR CERTIFICATE POSTED

Address		Postcode	
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Ayr Registration Office, 5-9 High Street, Ayr KA7 1LU

Telephone Number: 01292 617617

E-mail: ayr.registrars@south-ayrshire.gov.uk