

WITNESS INFORMATION FORM

Date of Ceremony: _____ Place of Ceremony: _____

- 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 1:	Witness 2:
Forename(s) (inc. any middle names)		
Surname		
Address		
Postcode		
Witness Contact Number		

Your Contact Details		
	Party 1:	Party 2:
Name		
Telephone Number		
E-mail address		

Celebrant Conducting Your Ceremony	
Full name of Celebrant, including middle names	
Name of the Church/Organisation/Belief Group to which the Celebrant is attached	
Celebrant Contact Number	
Celebrant Email Address	

Where Would You Like Your Certificate Posted			
Address		Postcode	

Address: Ayr Registration Office, 5-9 High Street, Ayr KA7 1LU
Telephone Number: 01292 617617
E-mail: ayr.registrars@south-ayrshire.gov.uk