Marriage and Civil Partnership: Witness and Celebrant Information

KEY INFORMATION (All CEREMONIES)

Names of parties to marriage / civil partnership:		
Date of Ceremony: Contact telephone		ımber(s):
Postal address to which Marriage	/ Civil Partnership certi	ficate should be posted upon registration:
WITNESS INFORMATION (ALL C	EREMONIES)	
FULL NAME (inc any middle names) of FIRST WITNESS:		FULL NAME (inc any middle names) of SECOND WITNESS:
Address:		Address:
Postcode:		Postcode:
Please note – Witnesses should be	aged 16 years or over.	
CELEBRANT INFORMATION (RELIG	IOUS & BELIEF BODY MA	ARRIAGES only:)
Celebrant full name:		
Celebrant telephone:		
Celebrant email:		
Celebrant designation :		
(eg. Minister at St. Congan's Parish Church, Turriff / Marriage Officer, Independent Humanist Ceremonies / Priest at Roman Catholic Church, Inverurie etc.)		

To be submitted with all Marriage and Civil Partnership Notices, with accompanying documents and statutory fee.

NB: All cheques/postal orders should be made payable to "Aberdeenshire Council"

