

**NAMES AND TELEPHONE NUMBERS**

**Party 1 Details**

**Party 2 Details**

Name: .....

Name: .....

Tel. No. (Work) .....

Tel. No. (Work) .....

Tel. No. (Home) .....

Tel. No. (Home) .....

**WITNESSES**

**Please enter in BLOCK CAPITALS the full names (including middle names) and addresses of the two witnesses, aged 16 years or over (usually your Bestman and Bridesmaid), who will be present at the marriage ceremony.**

1. ....

..... Postcode .....

E-mail ..... Tel No: .....

2. ....

..... Postcode .....

E-mail ..... Tel No: .....

**Please give Name and Address of Celebrant's Church if different from place of Marriage.**

.....

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**I would like my marriage certificate posted to:**

.....

.....

..... Postcode .....

**Registration Office, Customer Service Centre, Municipal Buildings, Clyde Square,  
Greenock PA15 1LT Telephone: 01475 714250**

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