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PLEASE STATE IF YOU HAVE SERVED NOTICE BEFORE

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CAPTURE OF DATA FORM

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

Partner 1		Partner 2			
Forename:		Forename:			
Surname:		Surname:			
Other Surnames:		Other Surnames:			
Date of Birth:		Date of Birth:			
PPS No.:		PPS No.:			
Address:		Address:			
		-			_
Nationality:		Nationality:			
Place of Birth:		Place of Birth:			
Mobile/Tel No:		Mobile/Tel No:			
Email:		Email:			
Occupation:		Occupation:			
	Single Divorced	Civil Status: Marri		Single Divorced	
	Civil Partnership Dissolved	Civil Partner Surviv		Divil Partnership Dissolved	
Father's Forename:		Father's Forename:			
Father's Surname:		Father's Surname:			
Mother's Forename:		Mother's Forename:			
Mother's Birth Surname:		Mother's Birth Surname:			
Name of Witness 1:		Name of Witness 2:			
Witness 1 Date of birth:		Witness 2 Date of birth:			
Form of proposed Ceremony: Religious / Secular Civil Date of Ceremony:					
Solemniser: Address:					
Venue Name:	s:				
Future Address of Couple:					