

# HIGHLAND COUNCIL

## CIVIL PARTNERSHIP REGISTRATION FEES

Effective from 1<sup>st</sup> January 2012

### CIVIL PARTNERSHIP REGISTRATION (REGISTRATION OFFICE)

Civil Partnership Booking Fee (Non Refundable)	£25.00
For <b>each person</b> submitting a Notice of Civil Partnership, to the District Registrar (Non Refundable)	£30.00
For each extract/certificate from the Civil Partnership Register	£10.00
To Register a Civil Partnership	£55.00
Civil Partnership Parties over 4 and up to a maximum of 30 where accommodation allows	£50.00
Civil Partnership Parties over 30 where accommodation allows	£75.00
Civil Partnership Registration conducted on Saturday	£140.00

### CIVIL PARTNERSHIP REGISTRATION (OTHER VENUE)

For <b>each person</b> submitting a Notice of Civil Partnership to the District Registrar (Non Refundable)	£30.00
For each extract/certificate from the Civil Partnership Registration	£10.00
To Register a Civil Partnership	£55.00
Registrar's Attendance Fee (Monday-Friday)	£140.00
Registrar's Attendance Fee (Saturday & Public Holidays)	£165.00
Administration Fee (Non Refundable)	£25.00

***Fees may be subject to change***

#### **PLEASE INCLUDE POSTAGE: 50p WITHIN THE UK AND £1.00 OUTSIDE THE UK**

Your documents will be returned to you by standard first class post. If you wish your documents returned by Special/Recorded Delivery please enclose the appropriate prepaid envelope. Non-UK residents should contact their local postal/delivery service for advice on this facility.

Debit/credit card is the preferred method of payment when civil partnership notices are being submitted in person. In exceptional circumstances cash or cheques will be accepted. In the meantime postal applications should be accompanied by a cheque or postal order, made payable to Highland Council. If you are currently overseas, arrangements can be made to use our telephone payment line.

**PLEASE CONTACT THE REGISTRAR TO ARRANGE YOUR  
CIVIL PARTNERSHIP REGISTRATION**

## ADDITIONAL INFORMATION REQUIRED

<b>FULL NAME OF FIRST PARTY TO CIVIL PARTNERSHIP</b>	
<b>FULL NAME OF SECOND PARTY TO CIVIL PARTNERSHIP</b>	
<b>CONTACT TELEPHONE NUMBER</b>	
<b>EMAIL ADDRESS IF AVAILABLE</b>	

### CIVIL PARTNERSHIP REGISTRATION

<b>DATE</b>	
<b>PLACE OF CIVIL PARTNERSHIP REGISTRATION</b>	
<b>TIME</b>	
<b>NUMBER OF GUESTS TO BE PRESENT</b>	

#### WITNESSES TO YOUR CIVIL PARTNERSHIP REGISTRATION

Please enter in **BLOCK CAPITALS** the **FULL NAMES** (including middle names) and **ADDRESSES** with **POSTCODES**, of two witnesses, aged **16 YEARS OR OVER**, who will be present at the Civil Partnership Registration

#### WITNESS 1

<b>FULL NAME</b>	
<b>ADDRESS</b>	
<b>POSTCODE</b>	

#### WITNESS 2

<b>FULL NAME</b>	
<b>ADDRESS</b>	
<b>POSTCODE</b>	