



OFFICE OF THE DEPUTY GOVERNOR
Government Administration Building
Elgin Avenue, George Town, Grand Cayman KY1-9000
Telephone: (345) 244-2403

**APPLICATION TO BE APPOINTED A DEPUTY OF A CIVIL REGISTRAR OF CIVIL
PARTNERSHIPS
(Section 30)**

To: The Governor

I, (First Name) _____ (Surname) _____ of
(Full Residential Address) _____

_____ /
am a Civil Registrar of civil partnerships in and for the Cayman Islands and hereby seek the
Governor's approval for _____

(Full Name of Nominated Person)

to be appointed as my deputy.

FULL NAME: (as it should appear on the license)		
RESIDENTIAL ADDRESS: <i>Full Residential Address</i> (Physical & Mailing)		
DATE OF BIRTH:		
NORMAL PLACE OF BUSINESS/WORK:		
OCCUPATION:		
TELEPHONE NUMBERS:	(1)	(2)
E-MAIL ADDRESS:		

Please provide reasons for your belief that the above-named person is a fit person to act as your deputy in case of illness or absence:

I hereby certify that, to the best of my knowledge, the above information is true.

Dated this _____ day of _____ 20_____

Signed _____

(Applicant)

IMPORTANT NOTE

When submitting an application form, please attach the following:

- A Job letter / Proof of employment (where employed).
- A copy of a work permit (if applicable)
- Two (2) references from registered voters
- A copy of photo identification (passport, drivers licence etc.)

Once an application is approved, a representative of the Office of the Deputy Governor will contact the applicant regarding collection of the licence and other relevant materials.