



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

**APPLICATION FOR SPECIAL LICENCE
(Section 10(2))**

To: The Governor

I / WE hereby apply for the grant of a special licence with regard to a civil partnership which is intended to be had between us, the parties named herein below and described, that is to say:

FULL NAME: <i>(First, Middle, Last)</i>		
RESIDENTIAL ADDRESS: <i>Full Residential Address (Physical & Mailing)</i>		
STATUS: <i>(Single / Divorced / Former Civil Partner / Widow / Widower) *Note 1</i>		
NORMAL PLACE OF BUSINESS/WORK:		
OCCUPATION:		
TELEPHONE NUMBERS:	(1)	(2)
E-MAIL ADDRESS:		

and

FULL NAME: <i>(First, Middle, Last)</i>		
RESIDENTIAL ADDRESS: <i>Full Residential Address</i> <i>(Physical & Mailing)</i>		
STATUS: <i>(Single / Divorced / Former Civil Partner / Widow / Widower) *Note 1</i>		
NORMAL PLACE OF BUSINESS/WORK:		
OCCUPATION:		
TELEPHONE NUMBERS:	(1)	(2)
E-MAIL ADDRESS:		

**Optional – Please provide any further details which you believe may assist with your application:*

*Note 2

Signature of first-named or second-named person

*Note 3

Signature of first-named person

Signature of second-named person

Date (dd-mmm-yyyy)

**Note 1: Please provide proof of your status, where applicant is divorced, has had a civil partnership dissolved, or is a widow or widower.*

**Note 2: Please sign here where Notice is being given by one party.*

**Note 3: Please sign here where Notice is being given by both parties.*