



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

**SPECIAL LICENCE
(Section 10(1)(b))**

To: _____
(Registrar / Civil Registrar / Civil Partnership Officer)

This special licence permits you to formalise a civil partnership between

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 (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:		

according to the provisions of the Civil Partnership Law,2020, you knowing no lawful cause of impediment to the contrary.

Given under my hand at _____, this _____ day of
20_____

Signature

This special licence will be void if the civil partnership is not formalised within three months from the date hereof.

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