



OFFICE OF THE DEPUTY GOVERNOR

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

**CONSENT TO CIVIL PARTNERSHIP
(Section 4)**

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

[parent] / [legal guardian] of _____
(Name of person in respect of whom consent is being given)

do hereby freely consent to [him] / [her] entering into a civil partnership with

(Name of other party to intended civil partnership)

Signed: _____
(Father/Mother/Legal Guardian)

In witness whereof I have hereunto set and subscribed my hands this _____ day of
_____ 20_____

Declared by the above-named in the presence of:

(Justice of Peace or Notary Public)