

APPLICATION FOR A COMMEMORATIVE NAMING CEREMONY CERTIFICATE

| | | |
|--|----------------|----------------|
| <u>TO BE COMPLETED BY THE PERSON APPLYING FOR THE CERTIFICATE</u> | | |
| Your Full Name | Mr/Mrs/Miss/Ms | |
| Your Postal Address | | |
|Postcode | |Tel |

| | | | |
|---|-----|-------|------|
| <u>DETAILS OF NAMING CEREMONY CERTIFICATE REQUIRED</u> | | | |
| DATE OF CEREMONY | Day | Month | Year |
| PLACE OF CEREMONY (Name and location of building) | | | |
| FULL NAME OF CHILD | | | |
| FORENAME(S) | | | |
| SURNAME | | | |
| FATHER'S FULL NAME | | | |
| FORENAME(S) | | | |
| SURNAME | | | |
| MOTHER'S FULL NAME | | | |
| FORENAME(S) | | | |
| SURNAME | | | |
| NAMES OF SUPPORTING ADULTS | | | |

| | | |
|-----------------------------|--------------|-----------|
| <u>REQUIREMENTS</u> | | |
| COMMEMORATIVE CERTIFICATE | £5.00 | QTY |
| CERTIFICATE TO BE LAMINATED | £1.00 | YES / NO |

| | |
|-----------------|------------|
| SIGNATURE | DATE |
|-----------------|------------|

| | | | |
|--|-------------------|-----------------|--|
| <u>FOR REGISTER OFFICE USE ONLY</u> | | | |
| Register No. | Entry No. | Evidence Seen | |
| Date of Issue | Method of Payment | Calling/Posting | |

The commemorative certificate is not to be used for legal or statutory purposes.

RETURN TO: **THE REGISTER OFFICE, MILLDAM HOUSE, BURNABY ROAD, PORTSMOUTH PO1 3AF**