**CIVIL PARTNERSHIP CEREMONY PLANNER - COUNCIL CEREMONY ROOM**

Visit our website - <https://www.cambridgeshireceremonies.co.uk/rooms> - to confirm the number of people who can attend your ceremony.

Please return to[*ceremonies@cambridgeshire.gov.uk*](mailto:ceremonies@cambridgeshire.gov.uk) *as soon as possible and* ***no later than******14 days* before the ceremony**. Answers to any queries can be found in the accompanying document, on our website. Please do NOT submit your form until fully complete, which includes music.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Your full names | | | | | | | |
| Party A |  | | | | Party B |  | |
| Our booking reference | | | | |  | | |
| Date | |  | Time |  | Location | |  |
| Your contact telephone number on the day | | | | |  | | |

|  |  |
| --- | --- |
| Number of people attending your ceremony |  |
| Would you like to see each other before the ceremony? |  |
| Do you want to make an entrance into the ceremony? |  |
| Do you want to have a first kiss? |  |

Personal choices cannot include ANY religious content or connotation. This means that no part of the civil ceremony can mention God or religion, nor can it be taken from, or be similar to, any religious text or service, even if that part of the text or service makes no explicit reference to God or religion.

**The range of options for the sections below can be found in the document ‘*Civil Partnership Choices - Council Ceremony Room.docx’*. Please provide us with a copy of any words that you have written for your ceremony with this form.**

|  |  |
| --- | --- |
| Escort Words | |
| Yes | Not Required |

|  |  |  |  |
| --- | --- | --- | --- |
| Declaration Party A | | Declaration Party B | |
| Yes | No | Yes | No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Optional I Do / I Will Declaration Party A | | | | | | | Optional I Do / I Will Declaration Party B | | | | | | |
| A | B | C | D | E | Own | None | A | B | C | D | E | Own | None |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Personal Promises Party A | | | Personal Promises Party B | | |
| A | B | C | A | B | C |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Additional Personal Promises Party A | | | | | | | | | | | | Additional Personal Promises Party B | | | | | | | | | | | |
| A | B | | C | | D | E | F | | Own | | None | A | B | | C | | D | E | F | | Own | | None |
| Optional Ring Exchange Party A | | | | | | | | | | | | Optional Ring Exchange Party B | | | | | | | | | | | |
| A | | B | | C | | D | | Own | | None | | A | | B | | C | | D | | Own | | None | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Optional Reading | | | | | | | | | | |
| L1 | L2 | L3 | L4 | L5 | | L6 | L7 | | L8 | None |
| Or type your choice below. **We will require a copy of the reading to be sent to us with this form.** | | | | | | | | | | |
| Title | | | | | Author | | | Reader | | |
|  | | | | |  | | |  | | |

**Music - Please delete as appropriate**

* **We request that the Registration Service play a selection of music or;**
* **We will be bringing our own music**

*When choosing your own music, please bear in mind that religious or sacred music is not permitted in a civil ceremony, whether with or without vocals. This includes hymns and carols.* ***A sound bar or speaker, with Bluetooth connectivity, is available in the room but one of your guests will need to operate the music device on your behalf.***

|  |  |
| --- | --- |
| If you are making an entrance, what is the title of the music track to be played? | |
| Track Title | Artist/composer |
|  |  |

|  |  |
| --- | --- |
| Tracks to be played during the signing of the register (We suggest that you allow for 10 minutes of music) | |
| Track Title | Artist/composer |
|  |  |
|  |  |
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|  |  |
| --- | --- |
| Track to be played as your leave the ceremony room | |
| Track Title | Artist/composer |
|  |  |

You will receive your certificate(s) by post. How would you like us to address your envelope? Please add name(s) and address.

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Any other information you think we should know:

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