



Adviser verification form

Marriage Certificate/Civil Partnership Certificate

About this form

This form should be completed by a Financial Adviser to verify information contained in a Marriage Certificate/Civil Partnership Certificate.

Only information contained in the Marriage Certificate/Civil Partnership Certificate may be recorded on this form. Where information for a particular field is not recorded, please state "not recorded on certificate".

Please check Part 1 and Part 2 are completed before returning.

Please use black ink and write in **CAPITAL LETTERS**. Any corrections must be initialled. Please do not use correction fluid as this will invalidate this form.

Part 1 – Marriage Certificate/Civil Partnership Certificate details

Registration Authority

Place of Marriage or Civil Partnership Registration

Parish (if specified) & County – *for marriage certificate only*

Entry number

Date of Marriage/Civil Partnership Registration

D	D	M	M	Y	Y	Y	Y
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Name of Groom or First Civil Partner

Date of birth

D	D	M	M	Y	Y	Y	Y
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or

Age of Groom or First Civil Partner

Name of Bride or Second Civil Partner

Date of birth

D	D	M	M	Y	Y	Y	Y
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or

Age of Bride or Second Civil Partner

Name of Registrar/Official Witness

Name of Registrar: In some cases the signature may be illegible (and the name is not printed). If this is the case, please state "signature illegible". This does, at least, confirm that the Registrar has signed the Certificate.

Part 2 – Verification details

I/We certify that I/We have examined the Marriage/Civil Partnership Certificate of

Address

Postcode

and that this Certificate contains the information as recorded on the previous page. A copy is kept on the client file for my/our information and you may request access to this.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Full name

Position

Verified by

In the absence of the **Compliance Officer**, countersignature by another senior official such as a Principal or Director will suffice.

Signature of Compliance Officer

Date

D	D	M	M	Y	Y	Y	Y
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Full name (Compliance Officer)

Company name (Compliance Officer)

FSA Registration Number

Firm's stamp



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