## **West Lothian Council**

## **Witness Form**

Party 1	Party 2
Name	Name
Tel. No. (Work)	Tel. No. (Work)
WITN	IESSES
Please enter in BLOCK CAPITALS the full nam the two witnesses, aged 16 years or over (use will be present at the marriage ceremony.	• •
1	
	Postcode
	Postcode
Please give Name and Address of Celebrant's	Church if different from place of Marriage.
Name	
I would like my marriage certificate posted to	
	Postcode