

# WEST PALM BEACH

## DECLARATION OF DOMESTIC PARTNERSHIP REGISTRATION FORM Article III, Chapter 42 of the Code of Ordinances of the City of West Palm Beach

### **Instructions:**

Complete and submit this form (**notarization is required**) to the City Clerk's Office at the address above. A filing fee of \$50.00 is required and must accompany the registration form. Make check payable to the City of West Palm Beach.

### **We the undersigned do declare that we meet the requirements of Section 42-48:**

- We are both at least 18 years of age and competent to contract;
- We are not married to or a member of another Registered Domestic Partnership or civil union with anyone other than the co-applicant;
- We agree to share the common necessities of life and to be responsible for each other's welfare;
- We share a primary residence;
- We consider ourselves to be a member of the immediate family of the other partner;
- We agree to immediately notify the City Clerk's Office, in writing, of any change in the status of the Registered Domestic Partnership;
- We agree to mutually support the other by contributing in some fashion, not necessarily equally to maintain and support the Registered Domestic Partnership; and
- Each partner agrees to immediately notify the City Clerk's Office, in writing, if the terms of the Registered Domestic Partnership are no longer applicable or one of the domestic partners wishes to terminate the domestic partnership.

DECLARATION OF DOMESTIC PARTNERSHIP REGISTRATION FORM  
Article III, Chapter 42 of the Code of Ordinances of the City of West Palm Beach

List the name(s) of dependent(s) who reside(s) within the household of the Registered Domestic Partnership and is (are):

1. a biological adopted, or foster child of a Registered Domestic Partner; or
2. a dependent as defined under IRS regulations; or
3. a ward of a Registered Domestic Partner as determined in a guardianship or other legal proceeding.

(1) \_\_\_\_\_ (3) \_\_\_\_\_  
(2) \_\_\_\_\_ (4) \_\_\_\_\_

Do you, or your domestic partner, claim any exemption to public record disclosure pursuant to Section 119, Florida Statutes?  Yes  No. *If "yes", submit on a separate page a detailed explanation of exemption.*

Common Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email (Optional) \_\_\_\_\_ Telephone Number \_\_\_\_\_

We swear or affirm under penalty of perjury that the statements above are true and correct.

Signed on \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_  
(Date) (City) (State)

Signature \_\_\_\_\_ Print: Last, First, Middle \_\_\_\_\_

Signature \_\_\_\_\_ Print: Last, First, Middle \_\_\_\_\_

Notarization of both signatures: (Required)

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ by \_\_\_\_\_ and \_\_\_\_\_ who are personally known to me or who have produced \_\_\_\_\_ as identification.

\_\_\_\_\_

Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

For City Clerk's Office Use Only:  
Filing Date \_\_\_\_\_ Received by: \_\_\_\_\_