



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to immediately notify the City Clerk's Office, in writing, if the terms of the Registered Domestic Partnership are no longer applicable or one of the domestic partners wishes to terminate the domestic partnership.

City of West Palm Beach – City Clerk’s Office
 200 2nd Street, West Palm Beach, FL 33401
 Phone: 561-822-1200 Email: CityClerk@wpb.org
 Office Hours: Monday through Friday from 8:00 a.m. to 5:00 p.m.



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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 legibly) Last First Middle

 Signature (Print legibly) Last First Middle

Notarization of both signatures: (Required)

STATE OF FLORIDA)
 COUNTY OF PALM BEACH)

Sworn to and subscribed before me this ____ day of _____, 200__, by
 _____ and _____ who are personally known ____ or
 produced Identification _____.

 Notary Public – State of Florida

Print, Type or Stamp Commissioned Name of
 Notary Public

For Clerk’s Use Only:

Filing Date _____ MCR# _____
 Received by: _____ Registration Number _____