

Date _____
Certificate No: _____

**City of Key West
DECLARATION OF DOMESTIC PARTNERSHIP FORM**

Name of Applicant _____

Name of Applicant _____

Date of Birth _____

Date of Birth _____

Household Address _____

Household Address _____

Are you married? YES ___ NO _____
If not, have you ever been married? YES ___ NO ___
If yes, how was the marriage ended? _____
Have you ever been registered in a domestic partnership?
YES ___ NO ___
If you were in a domestic partnership, other than with the
applicant, state the date of termination of that registration:

Are you married? YES ___ NO _____
If not, have you ever been married? YES ___ NO ___
If yes, how was the marriage ended? _____
Have you ever been registered in a domestic partnership?
YES ___ NO ___
If you were in a domestic partnership, other than with the
applicant, state the date of termination of that registration:

We, the undersigned, do declare that:

1. I am at least 18 years old and competent to contract
2. I am not married to or a member of another Registered Domestic Partnership or civil union with anyone other than the co-applicant
3. I agree to share the common necessities of life and to be responsible for each other's welfare
4. I share my primary residence with the coapplicant
5. I consider myself to be a member of the immediate family of the coapplicant in the status of the Registered Domestic Partnership
6. I agree to mutually support the other by contributing in some fashion, not necessarily equally, to maintain and support the Registered Domestic Partnership

Initials	Initials
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

We, the undersigned, submit the following items of proof establishing a Domestic Partnership:

- _____ Driver's License or State issued ID from both applicants with the same address
- _____ Joint Checking or Savings Account with both applicants names on the account(s)
- _____ Joint ownership of a vehicle, with both applicant names on the Title
- _____ Credit Cards with both applicants names on the account(s)
- _____ Lease, Deed or Mortgage as proof of joint responsibility
- _____ Wills naming the other applicant as executor and/or beneficiary
- _____ Designation of an applicant by the other as a beneficiary on a life insurance policy
- _____ Other proof (list): _____

List all "minor dependents" meeting the following criteria and living in the household of the domestic partnership:

1. A biological, adopted or foster child of a registered domestic partner
2. A dependent as defined under the IRS regulations
3. A ward of a registered domestic partner as determined in a guardianship or other legal proceeding

Name of Dependent _____ **Date of Birth** _____

Name of Dependent _____ **Date of Birth** _____

I hereby swear or affirm, under the pains and penalties of perjury, that the information stated herein is true and correct to the best of my knowledge. I agree to notify the City Clerk of any change in the status of the Domestic Partnership.

Applicant's Signature: _____

Applicant's Signature: _____

For Office Use Only
Fee Paid:
Date Certificate Filed: