

Record and Return To:
Heather Faust, MMC
City of North Port
4970 City Hall Boulevard
North Port FL 34286

For Clerk's Office Use Only:
Filing Date: _____
Received by: _____
Registration No.: _____



AFFIDAVIT OF DOMESTIC PARTNERSHIP REGISTRATION

Part II, Chapter 15 of the North Port City Code

Instructions:

Both partners must complete and submit this form in person (**notarization is required**) to the City Clerk's Office located at 4970 City Hall Boulevard, North Port, Florida, phone number (941) 429-7000. A filing fee of \$30.00 is required and must accompany the registration form. Make check payable to the City of North Port.

We the undersigned swear or affirm under penalty of perjury that:

Please initial:

- _____ We hereby verify that we have mutually agreed to be in a committed, serious, long-term relationship indefinitely with each other;
- _____ We are both at least 18 years of age and are legally competent to consent to a domestic partnership;
- _____ We are not married in Florida; or a domestic partner, to any person other than the person with whom we are executing this Declaration of Domestic Partnership;
- _____ We are not related to the other by blood;
- _____ We have consented to the domestic partnership relationship without force, duress or fraud;
- _____ We share a mutual residence with each other;
- _____ We consider ourselves to be a member of the immediate family of each other and are jointly responsible for maintaining and supporting the registered domestic partnership;
- _____ We each express our intent and desire to designate the other partner as our healthcare surrogate and agent to direct the disposition of their body for funeral and burial;
- _____ We agree to notify the City Clerk of the City of North Port within 10 days of any change in the status of our domestic partnership such that we no longer meet the criteria herein; and
- _____ We understand that either partner may voluntarily terminate this Domestic Partnership at any time by completing the Termination of Domestic Partnership Form with the City Clerk. At the time of termination, all identification cards must be surrendered to the City Clerk.

Does either applicant claim any exemption to public record disclosure pursuant to Chapter 119, Florida Statutes? YES NO. If yes, submit on a separate page a detailed explanation of exemption.

Are there dependent(s) that reside within the mutual household of the co-applicants who is (are): 1) a biological child or adopted child of a domestic partner; or 2) a dependent as defined under IRS regulations; or 3) a ward of a domestic partner as determined in a guardianship proceeding? YES NO. If yes, list names below:

List Dependents _____

Mutual Residence Address	City	State	Zip Code
Mailing Address	City	State	Zip Code

WE UNDERSTAND THAT THIS AFFIDAVIT FORM AND OUR DOMESTIC PARTNERSHIP INFORMATION IS A PUBLIC RECORD UNDER FLORIDA LAW. WE UNDERSTAND THAT THE CITY CLERK IS RESPONSIBLE FOR MAINTAINING THE DOMESTIC PARTNERSHIP REGISTRY. WE ACKNOWLEDGE THAT THIS DOMESTIC PARTNERSHIP REGISTRATION IS VALID IN THE CITY OF NORTH PORT AND MAY NOT BE ACCEPTED IN OTHER JURISDICTIONS. WE ACKNOWLEDGE THAT IT IS OUR DUTY TO KEEP DOMESTIC PARTNERSHIP DOCUMENTATION ON OUR PERSON AT ALL TIMES AND PROVIDE THE CITY CLERK WITH UP TO DATE INFORMATION CONCERNING THE STATUS OF OUR DOMESTIC PARTNERSHIP.

The above representations are true and correct, and contain no material omissions of fact to the best of our knowledge and belief.

Printed Name (Last) (First) (Middle)	Printed Name (Last) (First) (Middle)
Signature of Partner stated above	Signature of Partner stated above
Date of Birth	Date of Birth
Witness Signature	Witness Signature
Printed Name of Witness	Printed Name of Witness

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, _____ by _____ and _____ who are personally known to me or who have produced _____ as identification.

Notary Seal

Signature of Notary Public

CERTIFICATE OF DOMESTIC PARTNERSHIP

I do hereby certify that _____ and _____ have met the requirements for registration of a Domestic Partnership and as such are entitled to the benefits conferred by Part II, Chapter 15 of the City Code of the City of North Port and that this registration has been recorded in the Domestic Partnership Registry of the City of North Port as Registration Number _____ on the _____ day of _____, _____.

City Clerk