

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

Registration Number: \_\_\_\_\_



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

**APPLICATION FOR AMENDMENT TO CERTIFICATE OF DOMESTIC PARTNERSHIP**

Part II, Chapter 15 of the North Port City Code Instructions:

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

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.

**Adding or Deleting Dependents**

List the name(s) of any dependent(s) that reside(s) within the household of a Registered Domestic Partnership and is (are): 1) a biological, adopted, or foster child of a Registered Domestic Partnership; 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.

Add  Delete \_\_\_\_\_  
 Add  Delete \_\_\_\_\_

**Change of Address:**

\_\_\_\_\_  
Mutual Residence Address City State Zip Code  
\_\_\_\_\_  
Mailing Address City State Zip Code  
\_\_\_\_\_  
Telephone Number

**Legal Name Change** (requires proof by issuing agency)

Name as it appears on original Domestic Partnership Registration Form:

\_\_\_\_\_  
Last, First Middle

Legal name, after change:

\_\_\_\_\_  
Last, First Middle

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

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) 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