



SHARON R. BOCK
Clerk & Comptroller
Palm Beach County

Return to

DECLARATION OF DOMESTIC PARTNERSHIP

We swear or affirm under penalty of perjury that:

1. We are residents of Palm Beach County;
2. We are both at least eighteen (18) years old and competent to contract;
3. We are not married to each other or anyone else;
4. We are the sole domestic partner of the other person;
5. We are not related to the other by blood;
6. We consent to the domestic partnership relationship without force, duress or fraud;
7. We agree to be jointly responsible for each other's basic food, shelter, common necessities of life and welfare;
8. We have not been a member of another domestic partnership for the past year;
9. We share our primary residence with each other;
10. We consider ourselves to be a member of the immediate family of each other;
11. We share financial responsibilities as domestic partners; and that
12. The name and mailing addresses of each domestic partner are:

Partner 1: Printed Name: _____
Address: _____
City, State, Zip: _____

Partner 2: Printed Name: _____
Address: _____
City, State, Zip: _____

The documentation as indicated below is provided with this declaration. Copies may be presented in lieu of originals. Documentation will be returned to you. Please check those items presented.

To establish mutual residence, one (1) of the following must be presented.

- ___ Current mortgage, deed or lease showing both names
- ___ Current driver's licenses showing the same address for both partners
- ___ Current tax returns showing the same address for both partners
- ___ Current government issued photo identification showing the same address for both partners

To establish joint financial responsibility, two (2) of the following must be presented.

- ___ Current mortgage, deed or lease showing both names
- ___ Current statement from joint bank account
- ___ Current credit card statement with same account number for both names
- ___ Vehicle title showing common ownership
- ___ A beneficiary designation form for a retirement plan or life insurance policy signed and completed to the effect that one domestic partner is the beneficiary of the other
- ___ Wills designating the other as primary beneficiary

Acknowledgment:

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for making a false statement includes fines and/or imprisonment.

Dated: _____ Signature of Partner: _____

Printed Name: _____

Address: _____

City, State, Zip: _____

STATE OF FLORIDA

COUNTY OF PALM BEACH

Sworn or affirmed and signed before me on _____

by _____

Notary Public or Deputy Clerk of Court

[Print, type or stamp commissioner name of notary or clerk]

Deputy Clerk Signature and Seal

Acknowledgment:

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for making a false statement includes fines and/or imprisonment.

Dated: _____ Signature of Partner: _____

Printed Name: _____

Address: _____

City, State, Zip: _____

STATE OF FLORIDA

COUNTY OF PALM BEACH

Sworn or affirmed and signed before me on _____

by _____

Notary Public or Deputy Clerk of Court

[Print, type or stamp commissioner name of notary or clerk]

Deputy Clerk Signature and Seal