

Declaration of Domestic Partnership

RETUR	RN TO:									
			space ab ——	ove reserved for record	ding informati					
INSTRU	UCTIONS									
Complet	te the following information to de	clare a domestic partnership.								
AFFIRM	MATION									
We swe	ear or affirm under penalty of p	erjury that:								
1.	We are residents of Palm Bea	ch County;								
2.	We are both at least eighteen	(18) years old and competent to contract	ct;							
3.	We are not married to each ot	her or anyone else;								
4.	We are the sole domestic part	ner of the other person;								
5.	We are not related to the othe	r 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 residen	ce with each other;								
10.		a member of the immediate family of each	ch other;							
11.		ities as domestic partners; and that								
12.	. The name and mailing addres	ses of each domestic partner are:								
Partne	er 1: Printed Name:									
	Address:	City:	State:	Zip:						
Partne	er 2: Printed Name:									
	Address:	City:	State:	Zip:						
DOCUN	MENTATION									
					_					
	cumentation as indicated belo	w is provided with this declaration.	Copies may be prese	nted in lieu of originals.						
The doc		w is provided with this declaration. Please check those items presented.	Copies may be prese	nted in lieu of originals.						
The doo Docume	entation will be returned to you. F			nted in lieu of originals.						
The doo Docume	entation will be returned to you. F	Please check those items presented.) of the following must be presented:		nted in lieu of originals.						
The doo Docume	entation will be returned to you. F blish mutual residence, one (1 _ Current mortgage, deed or lease	Please check those items presented.) of the following must be presented:		nted in lieu of originals.						
The doo Docume	entation will be returned to you. F blish mutual residence, one (1 Current mortgage, deed or leas Current driver's licenses showi	Please check those items presented.) of the following must be presented: se showing both names		nted in lieu of originals.						

To establish joint	financial responsibility, two (2) of the following	must be	presented:								
Current m	ortgage, deed or lease showing both names										
Current s	atement from joint bank account										
Current c	redit card statement with same account number for	both nar	nes								
Vehicle title showing common ownership											
A benefic	iary designation form for a retirement plan or life ins	surance p	policy signed and	completed	I						
to the effect that one domestic partner is the beneficiary of the other											
Wills desi	gnating the other as primary beneficiary										
STATEMENT											
	t: um swearing or affirming under oath to the truthfulne: statement includes fines and/or imprisonment.	ss of the	claims made in this	s petition a	and that the p	unishment					
Signature:				Date:							
Printed Name:											
Address:		City:		State:	Zip	:					
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	eputy Clerk of Court p commissioner name of notary or clerk] ture and Seal										
	a swearing or affirming under oath to the truthfulness of tudes fines and/or imprisonment.	he claims	made in this petitior	ı and that tl	ne punishment	for making					
Signature:				Date:	:						
Printed Name:											
Address:		City:		State:	Zip	:					
	ALM BEACH ed) and subscribed before me by means of □ phy , by: as identification.										
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Deputy Clerk Signa	ture and Seal										