
DOMESTIC PARTNERSHIP REGISTRATION RETURN

This form is utilized to register a domestic partnership. Both partners must meet the legal requirements, complete this joint return under penalty of perjury, and have their signatures acknowledged before a Notary Public.

PARTNER A INFORMATION

LAST NAME

FIRST NAME & MIDDLE INITIAL

CURRENT ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER / TAX ID

PARTNER B INFORMATION

LAST NAME

FIRST NAME & MIDDLE INITIAL

CURRENT ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER / TAX ID

PARTNERSHIP DECLARATIONS

- WE SHARE A COMMON RESIDENCE AND INTEND TO DO SO INDEFINITELY.
- WE ARE BOTH AT LEAST EIGHTEEN (18) YEARS OF AGE AND COMPETENT TO ENTER INTO A CONTRACT.
- NEITHER OF US IS MARRIED OR A MEMBER OF ANOTHER DOMESTIC PARTNERSHIP WITH A DIFFERENT PERSON.
- WE ARE NOT RELATED BY BLOOD IN A WAY THAT WOULD PREVENT MARRIAGE IN THIS JURISDICTION.
- WE AGREE TO BE JOINTLY RESPONSIBLE FOR EACH OTHER'S BASIC FOOD AND SHELTER DURING THE DOMESTIC PARTNERSHIP.

AFFIDAVIT & SIGNATURES

We, the undersigned, do solemnly swear or affirm under penalty of perjury that the statements made in this return are true, correct, and complete to the best of our knowledge and belief.

SIGNATURE OF PARTNER A

Date: _____

SIGNATURE OF PARTNER B

Date: _____

NOTARY PUBLIC ACKNOWLEDGEMENT

State of _____ County of _____

On this _____ day of _____, 20____, before me personally appeared _____ and _____, known to me (or satisfactorily proven) to be the persons whose names are subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein contained.

NOTARY PUBLIC SIGNATURE

[PLACE SEAL HERE]

My Commission Expires: _____