

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



AFFIDAVIT OF DOMESTIC PARTNERSHIP REGISTRATION
 Chapter 18, Article VIII of the Sarasota City Code

Instructions:
 Both partners must complete and submit this form in person (**notarization is required**) to the City Auditor and Clerk's Office located in Room 110, Sarasota City Hall, 1565 First Street, Sarasota, Florida, phone number (941) 954-4160. A filing fee of \$30.00 is required and must accompany the registration form. Make check payable to the City of Sarasota.

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 eighteen (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 Auditor and Clerk of the City of Sarasota 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 necessary Declaration of Termination of Domestic Partnership Form with the City Auditor and 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
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Mailing Address	City	State	Zip Code
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WE UNDERSTAND THAT THIS AFFIDAVIT FORM AND OUR DOMESTIC PARTNERSHIP INFORMATION IS A PUBLIC RECORD UNDER FLORIDA LAW. WE UNDERSTAND THAT THE CITY AUDITOR AND CLERK IS RESPONSIBLE FOR MAINTAINING THE DOMESTIC PARTNERSHIP REGISTRY. WE ACKNOWLEDGE THAT THIS DOMESTIC PARTNERSHIP REGISTRATION IS VALID IN THE CITY OF SARASOTA 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 AUDITOR AND 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.

 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 Chapter 18, Article VIII of the City Code of the City of Sarasota and that this registration has been recorded in the Domestic Partnership Registry of the City of Sarasota as Registration Number _____ on the _____ day of _____, _____.

 City Auditor and Clerk