

For Clerk's Office Use Only:

Filing Date: _____

Received by: _____

Registration No.: _____



APPLICATION FOR AMENDMENT TO CERTIFICATE OF DOMESTIC PARTNERSHIP

Chapter 18, Article VIII of the Sarasota City Code

Registration Number: _____

Instructions:
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 (941) 954-4160. A filing fee of \$10.00 is required and must accompany the form. Make check payable to the City of Sarasota.

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 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.

Add Delete _____

Add Delete _____

Change of Address:

Mutual Residence Address City State Zip Code

Mailing Address City State Zip Code

Telephone Number E-mail address (optional)

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.

Signature of Notary Public