



## Declaration of Domestic Partnership

We swear or affirm under penalty of perjury that:

1. We hereby verify that we have mutually agreed to be in a committed, serious, long-term relationship indefinitely with each other.
2. We are both at least eighteen (18) years old and are legally competent to consent to a domestic partnership.
3. We are not married; or a domestic partner, to any person other than the person with whom we are executing this Declaration of Domestic Partnership;
4. We are not related to the other by blood;
5. We have consented to the domestic partnership relationship without force, duress or fraud;
6. We are jointly responsible for each other's basic food, shelter, common necessities of life and welfare;
7. We share our primary residence with each other;
8. We consider ourselves to be a member of the immediate family of each other;
9. We share and coordinate financial responsibilities as domestic partners;
10. We understand that this Declaration does not afford our relationship any new or different legal status other than for the purposes herein as pertains to City of Sarasota employee benefits;
11. We understand that this Declaration is not intended to create any new or different rights or responsibilities.
12. We agree to notify the Human Resources Department, City of Sarasota within 30 days of any change in the status of our domestic partnership such that we no longer meet the criteria herein; and
13. We understand that if the domestic partner is not a legal tax dependent as described by the Internal Revenue Service under IRC Section 152, the above named City of Sarasota employee is responsible for payment of FICA and federal income tax on the value of any benefits extended to a domestic partner or the domestic partner's legally dependent child(ren).

The above representations are true and correct, and contain no material omissions of fact to the best of our knowledge and belief.

CITY OF SARASOTA EMPLOYEE			DOMESTIC PARTNER		
Printed Name (Last)	(First)	(Middle)	Printed Name (Last)	(First)	(Middle)
Signature of Partner as Stated Above			Signature of Partner as Stated Above		
Date of Birth _____			Date of Birth _____		
Mailing Address		City	State		Zip

NOTARIZATION IS REQUIRED	
STATE OF FLORIDA	
COUNTY OF _____	
Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____ by _____	
and _____ <input type="checkbox"/> who are personally known <input type="checkbox"/> or who have produced _____	
_____ as identification.	
_____	
Notary Public	



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### DOCUMENTATION

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 passports 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 shared and coordinated financial responsibility, one (1) 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