



Carlos Alvarez, Mayor

Consumer Services Department

Consumer Protection Division
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AMENDMENT TO DECLARATION OF DOMESTIC PARTNERSHIP

1. CERTIFICATE NUMBER _____

2. CHANGE OF NAME:

Prior Name (Last, First)

New Name (Last, First)

3. CHANGE OF ADDRESS:

Address

City

State

Zip Code

4. Contact Telephone Number

5. Email (Optional)

6. ADDING OR DELETING CHILD(REN):

List the name(s) of child(ren) to be added or deleted:

- Form for adding or deleting children with checkboxes and name fields.

7. I declare under penalty of perjury under the laws of the State of Florida that the statements above are true and correct (only one signature required).

Signed on _____ in _____, _____
Date City State

Signature

Printed name (Last, First)

8. Notarization of signature: (Required)

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____, 20__ by _____ and _____ who are personally known _____ or produced Identification _____.

Signature of Notary Public

