



Carlos Alvarez, Mayor

DECLARATION OF DOMESTIC PARTNERSHIP

1. Name (Last, First) Name (Last, First)

2. Address City State Zip Code

3. Contact Telephone Number 4. Email (Optional)

5. List the name(s) of child(ren):
Name (Last, First) Name (Last, First)
Name (Last, First) Name (Last, First)

6. We the undersigned swear and affirm under penalty of perjury that we meet the requirements of Miami-Dade County Ordinance No. 08-61 Section 11A-72:

- We are each at least 18 years of age or older and competent to contract;
We are not married under Florida law, a partner to another domestic partnership relationship, or a member of another civil union;
We are not related to the other by blood;
We consider ourselves to be a member of the immediate family of the other partner and to be jointly responsible for maintaining and supporting the Registered Domestic Partnership;
We agree to immediately notify the Consumer Services Department, in writing, if the terms of the Registered Domestic Partnership are no longer applicable or one of the domestic partners wishes to terminate the domestic partnership;
We reside in the same primary residence.

Signed on Date in City, State

Signature Printed name (Last, First)

Signature Printed name (Last, First)

7. Notarization of signatures: (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

