



Tel: 786-469-2300

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DECLARATION OF DOMESTIC PARTNERSHIP

Certificate Number _____ (For Office Use Only)

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

2. _____
 Address _____ City _____ State _____ Zip Code _____

3. _____
 Contact Telephone Number _____ Email (Optional) _____

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

5. **We are 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 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 Department of Regulatory and Economic Resources, in writing, if the terms of the Registered Domestic Partnership are no longer applicable or one of the domestic partners wishes to terminate the domestic partnership;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 _____ in _____, _____
 Date City State

 Signature Printed name (Last, First)

 Signature Printed name (Last, First)

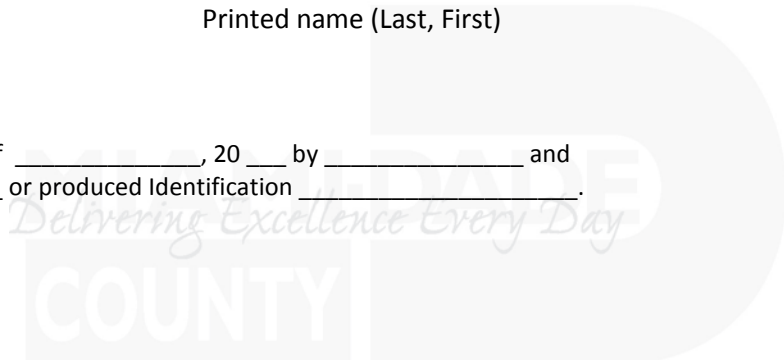
6. Notarization of both signatures: (Required)

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



Declaration of Domestic Partnership Instructions

How to apply:

1. Print the name of each Domestic Partner (last name followed by first name).
2. Print the address of the primary residence where both partners reside.
3. Provide a contact telephone number (in the event that we need to contact you).
4. Provide an email address (this is optional but will allow us to send you email notifications regarding the status of registration).
5. List the name(s) of children).
6. In front of a notary public, sign and print your name swearing that you meet the requirements of Domestic Partnership ordinance (both partners must sign).
7. Have the document notarized.

Fees:

- Declaration of Domestic Partnership \$60.00
- Additional Amended Certificate (Optional) \$12.00 (each)

If applying by mail

Send the completed notarized application and a check or money order made payable to **MIAMI-DADE COUNTY-CP** to the following address:

**Department of Regulatory & Economic Resources
Domestic Partner Registration
Office of Consumer Protection
601 NW 1st Court, 18th Floor
Miami, Florida 33136**

If applying in person

Bring the completed, notarized application and a check or money order made payable to **MIAMI-DADE COUNTY-CP** (Visa, American Express or MasterCard is accepted if applying in person) to the following address:

**Department of Regulatory & Economic Resources
Office of Consumer Protection Licensing Section
601 NW 1st Court, 18th Floor
Miami, Florida 33136**

Additional information, amendment and termination forms are available online or by calling **786-469-2300**.