



DECLARATION OF DOMESTIC PARTNERSHIP

Certificate Number (For Office Use Only)

First Name / Last Name (1st Applicant)

First Name / Last Name (2nd Applicant)

Address City State Zip Code

Contact Telephone Number(s) Email Address

List the name(s) of child(ren):

First Name / Last Name First Name / Last Name

First Name / Last Name First Name / Last Name

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Department of Regulatory and Economic Resources, in writing, if the terms of the Registered Domestic Partnership are no longer applicable or one of the domestic partners wishes to terminate the domestic partnership;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

Signature

Print name

Signature

Print name

Notarization of both signatures: (Required)

State of

County of

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this day of 20 by and who is personally known to me or produced Identification as identification.

Signature/Stamp of Notary Public

Declaration of Domestic Partnership Instructions

How to apply:

1. Print the first name and last name of each Domestic Partner.
2. Print the address of the primary residence where both partners reside.
3. Provide a contact telephone number(s).
4. Provide an email address.
5. List the name(s) of child(ren).
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 and submit with fees utilizing a delivery method below.

Fees: Please visit www.miamidade.gov/consumerprotection for current fees.

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
Consumer and Neighborhood Protection Division
11805 SW 26th Street, Suite 230, Miami, FL 33175**

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

**Department of Regulatory & Economic Resources
Consumer and Neighborhood Protection Division
11805 SW 26th Street, Suite 230, Miami, FL 33175**

If applying online: Visit the Self Service Portal at https://energov.miamidade.gov/EnerGov_Prod/SelfService#/home to submit an application and pay online. Instructions for how to submit, and pay, can be found [here](#).