



CITY OF GAINESVILLE
Clerk of the Commission
 200 East University Avenue, Mail Station 18
 Gainesville, Florida 32601
 Phone: 352-334-5015
 Email: Clerks@CityofGainesville.Org

AMENDMENT TO DECLARATION OF DOMESTIC PARTNERSHIP
 Article _____ Chapter _____ of the City of Gainesville Code

Registration Number: _____

Instructions:

Complete and submit this form (**notarization is required**) to the Office of the Clerk of the Commission at the address above. A filing fee of \$ _____ must accompany the registration form. Make check payable to the City of Gainesville.

Do you or your domestic partner claim any exemption to public record disclosure pursuant to Section 119 Florida Statutes?

Yes No. If "yes", submit a detailed explanation of exemption on a separate page.

Adding or Deleting Dependents

List the name(s) of dependent(s) that reside(s) within the household of the Registered Domestic Partnership and is (are):

1. A biological, adopted, or foster child of a Registered Domestic Partner; or
2. A dependent as defined under IRS regulations; or
3. A ward of a Registered Domestic Partner as determined in a guardianship or other legal proceeding.

Add Delete _____

Add Delete _____

Change of Address

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone Number _____ E-mail Address (Optional) _____

Legal Name Change (requires proof by issuing agency)

Name as it appears on original Domestic Partner Registration form:

 Last, First Middle

Legal name, after change:

 Last, First Middle

We swear or affirm under penalty of perjury that the statements above are true and correct.

Signed on _____ in _____, _____
(Date) (City) (State)

Signature (Print) Last, First Middle

Signature (Print) Last, First Middle

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

For Clerk's Use Only: Filing Date _____ Received by: _____ Registration # _____
