



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

**DECLARATION OF DOMESTIC PARTNERSHIP
 REGISTRATION FORM**
Article VIII. Chapter 2 of the City of Gainesville Code of Ordinances

Instructions:

Complete and submit this form (notarization is required) to the Clerk of the Commission at the address above. A filing fee of \$____.0, is required and must accompany the registration form. Make a check payable to the City of Gainesville. A summary of the rights and benefits associated with the Declaration of Domestic Partnership is set for on the back of this form.

We the undersigned do declare that we meet the requirements of Section 2-611:

- ◀ We are both at least 18 years of age and competent to contract;
- ◀ We are not related by blood to one another in any way which would prohibit legal marriage in the State of Florida;
- ◀ We are not married to, or a member of another Registered Domestic Partnership or civil union with anyone other than the co-applicant and we agree not to enter into any other Registered Domestic Partnership or civil union or to marry anyone else without first terminating this agreement;
- ◀ We agree to share the common necessities of life and to be responsible for each other's welfare;
- ◀ We share a primary residence;
- ◀ We consider ourselves to be a member of the immediate family of the other partner;
- ◀ We agree to immediately notify the Clerk of the Commission, in writing, of any change in the status of the Registered Domestic Partnership;
- ◀ We agree to mutually support the other by contributing in some fashion, not necessarily equally, to maintain and support the Registered Domestic Partnership; and
- ◀ Each partner agrees to immediately notify the Clerk of the Commission, in writing, if the terms of the Registered Domestic Partnership are no longer applicable or one of the domestic partners wishes to terminate the domestic partnership.

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 (may use separate page if needed).

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.

Dependent's Name: _____

Street Address: _____ City: _____ State: FL Zip: _____

Mailing Address: _____ City: _____ State: FL Zip: _____

Telephone Number: (____) ____-____ E-Mail Address _____

(Attach additional sheet and list additional name(s) if more than one dependent is being declared.)

Differences between a City of Gainesville Domestic Partner Registration and a legal marriage:

- | Registration | Legal Marriage |
|---|--|
| 1. Simple, notarized form registration | 1. License Required |
| 2. No Ceremony | 2. Ceremony Optional |
| 3. Office of Clerk of Commission | 3. License officiated by clergy, court, or justice of the peace; |
| 4. A quasi next-of-kin status | 4. A legal next-of-kin status |
| 5. Must cohabit | 5. Can live apart |
| 6. Ended by completing a termination form and filing with Clerk of Commission, or automatically terminates in some instances. | 6. Divorce laws apply |

The rights/benefits described in this document and conferred by Chapter 2, Sec. 610-613 may be superseded by contract, i.e., burial contract, or by separate legal instrument, such as power of attorney or advance directive, or by law, such state and federal immunities or preemptions. The termination of the registered domestic partnership will not terminate powers and rights granted by contract between the parties or by separate legal instrument.

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

Signed on _____, 20____, in Gainesville, Florida.

X _____
Signature

X _____
Signature

Last Name: _____

Last Name: _____

First: _____ Middle: _____

First: _____ Middle: _____

Notarization of both signatures required.

State of **FLORIDA**,
County of **ALACHUA**,

Sworn to and subscribed before me this _____ day of _____, 20____,

by _____ and _____

who have produced identification:

_____ and _____

Signature of Notary Public

For Clerk's Use Only:

Filing Date:

Received by: _____

Registration # ____ - _____