SHANNON RAMSEY-CHESSMAN
CLERK AD INTERIM
CLERK OF THE CIRCUIT COURT & COMPTROLLER
PALM BEACH COUNTY

Declaration of Domestic Partnership

RETURN TO:

_____

_____

_____

space above reserved for recording information

INSTRUCTIONS

Complete the following information to declare a domestic partnership.

AFFIRMATION

We swear or affirm under penalty of perjury that:

1. We are residents of Palm Beach County;
2. We are both at least eighteen (18) years old and competent to contract;
3. We are not married to each other or anyone else;
4. We are the sole domestic partner of the other person;
5. We are not related to the other by blood;
6. We consent to the domestic partnership relationship without force, duress or fraud;
7. We agree to be jointly responsible for each other's basic food, shelter, common necessities of life and welfare;
8. We have not been a member of another domestic partnership for the past year;
9. We share our primary residence with each other;
10. We consider ourselves to be a member of the immediate family of each other;
11. We share financial responsibilities as domestic partners; and that
12. The name and mailing addresses of each domestic partner are:

Partner 1: Printed Name: _____

Address: _____ City: _____ State: _____ Zip:_____

Partner 2: Printed Name: _____

Address: _____ City: _____ State: _____ Zip:_____

DOCUMENTATION

The documentation as indicated below is provided with this declaration. Copies may be presented in lieu of originals. Documentation will be returned to you. Please check those items presented.

To establish mutual residence, one (1) of the following must be presented:

☐ Current mortgage, deed or lease showing both names

☐ Current driver's licenses showing the same address for both partners

☐ Current tax returns showing the same address for both partners

☐ Current government issued photo identification showing the same address for both partners

To establish joint financial responsibility, two (2) of the following must be presented:

___ Current mortgage, deed or lease showing both names

___ Current statement from joint bank account

___ Current credit card statement with same account number for both names

___ Vehicle title showing common ownership

___ A beneficiary designation form for a retirement plan or life insurance policy signed and completed to the effect that one domestic partner is the beneficiary of the other

___ Wills designating the other as primary beneficiary

STATEMENT

Acknowledgement:

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for making a false statement includes fines and/or imprisonment.

Signature:				**Date:**			
Printed Name:							
Address:		**City:**		**State:**		**Zip:**	

STATE OF FLORIDA
COUNTY OF PALM BEACH

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, _____ by: _____ personally known to me, or who produced _____ as identification.

_____
Notary Public or Deputy Clerk of Court

_____
[Print, type or stamp commissioner name of notary or clerk]

Deputy Clerk Signature and Seal _____

Acknowledgement:

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for making a false statement includes fines and/or imprisonment.

Signature:				**Date:**			
Printed Name:							
Address:		**City:**		**State:**		**Zip:**	

STATE OF FLORIDA
COUNTY OF PALM BEACH

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_____
Notary Public or Deputy Clerk of Court

_____
[Print, type or stamp commissioner name of notary or clerk]

Deputy Clerk Signature and Seal _____