

**CITY OF CLEARWATER DECLARATION OF DOMESTIC PARTNERSHIP REGISTRATION AFFIDAVIT**

Chapter 13 of the Clearwater Code of Ordinances

600 Cleveland Street, 6<sup>th</sup> Floor

Clearwater, Florida 33755

727-562-4090

Office Hours: Monday through Friday from 8:00 a.m. to 5:00 p.m.

**Instructions:**

Complete and submit this form (**notarization is required**) to the City Clerk's Office at the address above. A filing fee of \$30.00 is required and must accompany the registration form. Make check payable to the City of Clearwater.

**We the undersigned do declare that we meet the requirements of Section 13.1 and agree to the following statements:**

Initials of partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am at least eighteen (18) years old and competent to contract

I am not currently married under Florida law nor am I a partner in a domestic partnership relationship or a member of civil union with anyone other than the co-applicant

I am not related to my co-applicant by blood as defined in Florida law

I am not a member of the immediate family of the co-applicant and I am jointly responsible for maintaining and supporting the registered domestic partnership

I reside in a mutual residence with the co-applicant

I will immediately notify the City Clerk, in writing, if the terms of the Registered Domestic Partnership are no longer applicable or one (1) of the domestic partners wishes to terminate the domestic partnership

I designate the co-applicant as my healthcare surrogate and my agent to direct the disposition of my body for funeral and burial

**Do you or your domestic partner claim any exemption to public record disclosure pursuant to Section 119 Florida Statutes?** ☐ Yes ☐ No. If "yes," submit on a separate page a detailed explanation of exemption, including the statutory citation.

**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.

**If the above is left blank, it would be automatically assumed that there are NO dependents.**

Common Residence Address

City

State

Zip

Mailing Address

City

State

Zip

Telephone Number

Email (Optional)

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

**Signed on \_\_\_\_\_ in Clearwater, Florida.**

Witnesses: (may not be blood relatives of applicants)

Signature of Applicant

Print Name: \_\_\_\_\_

Signature

Print Name: \_\_\_\_\_

Signature of Applicant

Print Name: \_\_\_\_\_

Signature

Print Name: \_\_\_\_\_

**Notarization of both signatures: (Required)**

State of Florida

County of Pinellas

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 \_\_\_\_\_ MCR# \_\_\_\_\_ Received by \_\_\_\_\_ Registration # \_\_\_\_\_  
Entered By \_\_\_\_\_ Date \_\_\_\_\_