



CITY OF GAINESVILLE
Clerk of the Commission
200 East University Avenue,
Station18
Gainesville, Florida 32601
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 \$___, 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- Registered Domestic Partnership are no longer applicable or one of the domestic partners wishes to terminate the domestic partnership.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.

Dependents Name: _____

StreetAddress: _____ City: _____ State:FLZip: _____

Mailing Address: _____ City: _____ State:FLZip: _____

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

- 1. Simple, notarized form registration
- 2. No Ceremony
- 3. Office of Clerk of Commission
- 4. A quasi next-of-kin status
- 5. Must cohabit
- 6. Ended by completing a termination form and filing with Clerk of Commission, or automatically terminates in some instances.

Legal Marriage

- 1. License Required
- 2. Ceremony Optional
- 3. License officiated by clergy , court, or justice of the peace;
- 4. A legal next-of-kin status
- 5. Can live apart
- 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

Last Name: _____

First: _____ Middle: _____

X _____

Signature

Last Name: _____

First: _____ Middle: _____

Notarization of both signatures required.

State of FLORIDA,
County of ALACHUA,

Sworn to and subscribed before me by means of physical presence or online notarization, this ____ day of,

_____, _____,
by _____, who is personally known to me or has produced _____ as

identification and by _____, who is personally known to me or has produced _____
as identification.

Signature of Notary Public

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