



CITY OF GAINESVILLE
Office of the City Clerk
200 East University Avenue,
Station 18
Gainesville, Florida 32601
Email: Clerks@CityofGainesville.org

AMENDMENT TO DECLARATION OF DOMESTIC PARTNERSHIP
Article ____ Chapter __ of the City of Gainesville Code of Ordinances

Instructions:

Complete and submit this form (notarization is required) to the City Clerk at the address above. A filing fee of \$__ must accompany the registration form. Make a 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 (may use separate page if needed).

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)

 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
by means of physical presence or online notarization this ____ Day of _____, 20____ by
_____ and _____ who are personally known or
produced _____ and _____ as identification.

Signature of Notary Public

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