

**CITY OF KEY WEST**

**AMENDMENT TO REGISTRATION FORM  
FOR DOMESTIC PARTNERSHIP**

**PART A: ADDITION OF DEPENDENTS:**

(PLEASE INCLUDE NAMES AND DATES OF BIRTH OF EACH DEPENDENT)

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**PART B: DELETION OF DEPENDENTS:**

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**PART C: CHANGE OF HOUSEHOLD ADDRESS:**

**FROM:** \_\_\_\_\_

**TO:** \_\_\_\_\_

We hereby swear or affirm, under the pains and penalties of perjury, that the information provided is true and correct to the best of our knowledge.

**Applicant:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**For Office Use Only**

Certificate No:

Fee Paid:

Date Received: