City of Key West
DECLARATION OF DOMESTIC PARTNERSHIP FORM

Name of Applicant ____________________________  Name of Applicant ____________________________

Date of Birth ____________________________  Date of Birth ____________________________

Household Address ____________________________  Household Address ____________________________

Are you married? YES __ NO ________  Are you married? YES __ NO ________
If not, have you ever been married? YES __ NO ________  If not, have you ever been married? YES __ NO ________
If yes, how was the marriage ended? ____________  If yes, how was the marriage ended? ____________

Have you ever been registered in a domestic partnership? YES ___ NO ________  Have you ever been registered in a domestic partnership? YES ___ NO ________
If you were in a domestic partnership, other than with the applicant, state the date of termination of that registration: ____________  If you were in a domestic partnership, other than with the applicant, state the date of termination of that registration: ____________

We, the undersigned, do declare that:

Initials  Initials

1. I am at least 18 years old and competent to contract
2. I am not married to or a member of another Registered Domestic Partnership or civil union with anyone other than the co-applicant
3. I agree to share the common necessities of life and to be responsible for each other’s welfare
4. I share my primary residence with the coapplicant
5. I consider myself to be a member of the immediate family of the coapplicant in the status of the Registered Domestic Partnership
6. I agree to mutually support the other by contributing in some fashion, not necessarily equally, to maintain and support the Registered Domestic Partnership

We, the undersigned, submit the following items of proof establishing a Domestic Partnership:

Driver’s License or State issued ID from both applicants with the same address
Joint Checking or Savings Account with both applicants names on the account(s)
Joint ownership of a vehicle, with both applicant names on the Title
Credit Cards with both applicants names on the account(s)
Lease, Deed or Mortgage as proof of joint responsibility
Wills naming the other applicant as executor and/or beneficiary
Designation of an applicant by the other as a beneficiary on a life insurance policy
Other proof (list): ____________

List all “minor dependents” meeting the following criteria and living in the household of the domestic partnership:

Name of Dependent  Date of Birth  Name of Dependent  Date of Birth

I hereby swear or affirm, under the pains and penalties of perjury, that the information stated herein is true and correct to the best of my knowledge. I agree to notify the City Clerk of any change in the status of the Domestic Partnership.

Applicant’s Signature: ____________________________

Applicant’s Signature: ____________________________

For Office Use Only

Fee Paid:

Date CertificateFiled:

DDP Application Form