

For Clerk's Office Use Only:  
 Filing Date: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 Registration No.: \_\_\_\_\_



**AFFIDAVIT OF DOMESTIC PARTNERSHIP REGISTRATION**  
 Chapter 40, Article I of the Venice City Code

Instructions:  
 Both partners must complete and submit this form in person (**notarization is required**) to the City Clerk's Office located at Venice City Hall, 401 W. Venice Avenue, Room 101, Venice, Florida, phone number (941) 486-2626. A filing fee of \$30.00 is required and must accompany the registration form. Make check payable to the City of Venice.

We the undersigned swear or affirm under penalty of perjury that:  
 Please initial:

- \_\_\_\_\_ We hereby verify that we have mutually agreed to be in a committed, serious, long-term relationship indefinitely with each other;
- \_\_\_\_\_ We are both at least 18 years of age and are legally competent to consent to a domestic partnership;
- \_\_\_\_\_ We are not married in Florida; or a domestic partner, to any person other than the person with whom we are executing this Declaration of Domestic Partnership;
- \_\_\_\_\_ We are not related to the other by blood;
- \_\_\_\_\_ We have consented to the domestic partnership relationship without force, duress or fraud;
- \_\_\_\_\_ We share a mutual residence with each other;
- \_\_\_\_\_ We consider ourselves to be a member of the immediate family of each other and are jointly responsible for maintaining and supporting the registered domestic partnership;
- \_\_\_\_\_ We each express our intent and desire to designate the other partner as our healthcare surrogate and agent to direct the disposition of their body for funeral and burial;
- \_\_\_\_\_ We agree to notify the City Clerk of the City of Venice within 10 days of any change in the status of our domestic partnership such that we no longer meet the criteria herein; and
- \_\_\_\_\_ We understand that either partner may voluntarily terminate this Domestic Partnership at any time by completing the Termination of Domestic Partnership Form with the City Clerk. At the time of termination, all identification cards must be surrendered to the City Clerk.

Does either applicant claim any exemption to public record disclosure pursuant to Chapter 119, Florida Statutes?  YES  NO. If yes, submit on a separate page a detailed explanation of exemption.

Are there dependent(s) that reside within the mutual household of the co-applicants who is (are): 1) a biological child or adopted child of a domestic partner; or 2) a dependent as defined under IRS regulations; or 3) a ward of a domestic partner as determined in a guardianship proceeding?  YES  NO. If yes, list names below:

List Dependents \_\_\_\_\_

Mutual Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

WE UNDERSTAND THAT THIS AFFIDAVIT FORM AND OUR DOMESTIC PARTNERSHIP INFORMATION IS A PUBLIC RECORD UNDER FLORIDA LAW. WE UNDERSTAND THAT THE CITY CLERK IS RESPONSIBLE FOR MAINTAINING THE DOMESTIC PARTNERSHIP REGISTRY. WE ACKNOWLEDGE THAT THIS DOMESTIC PARTNERSHIP REGISTRATION IS VALID IN THE CITY OF VENICE AND MAY NOT BE ACCEPTED IN OTHER JURISDICTIONS. WE ACKNOWLEDGE THAT IT IS OUR DUTY TO KEEP DOMESTIC PARTNERSHIP DOCUMENTATION ON OUR PERSON AT ALL TIMES AND PROVIDE THE CITY CLERK WITH UP TO DATE INFORMATION CONCERNING THE STATUS OF OUR DOMESTIC PARTNERSHIP.

The above representations are true and correct, and contain no material omissions of fact to the best of our knowledge and belief.

Printed Name (Last) (First) (Middle) \_\_\_\_\_

Printed Name (Last) (First) (Middle) \_\_\_\_\_

Signature of Partner stated above \_\_\_\_\_

Signature of Partner stated above \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Witness Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

Printed Name of Witness \_\_\_\_\_

Printed Name of Witness \_\_\_\_\_

STATE OF FLORIDA  
 COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ and \_\_\_\_\_  who are personally known to me or  who have produced \_\_\_\_\_ as identification.

Notary Seal

Signature of Notary Public

**CERTIFICATE OF DOMESTIC PARTNERSHIP**

I do hereby certify that \_\_\_\_\_ and \_\_\_\_\_ have met the requirements for registration of a Domestic Partnership and as such are entitled to the benefits conferred by Chapter 40, Article I of the City Code of the City of Venice and that this registration has been recorded in the Domestic Partnership Registry of the City of Venice as Registration Number \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
 City Clerk