Statement of Domestic Partnership

We, the undersigned, do declare that:

1. We are not related by blood;
2. Neither of us is married, nor are we related by marriage;
3. We share the common necessities of life;
4. We are each other’s domestic partner, and we have been each other’s domestic partner since ______________.
5. We are the sole domestic partner of each other and have no other domestic partners;
6. We are both 18 years old or older;
7. We are responsible for each other’s welfare;
8. We agree to notify the City of any change in the status of our domestic partnership arrangement.

I declare under penalty of perjury under the laws of the State of California that the statements above are true and correct.

Executed on:   ________________________   at  ___________________________________________________
               Date            City and State

_________________________________________    ___________________________________________________
Signature                                  Signature

_________________________________________    ___________________________________________________
Print Name                                  Print Name

Address (Street Address, City, State and Zip Code)
_________________________________________    ___________________________________________________
Telephone Number                           E-mail address

REGISTRATION BY MAIL – NOTARIZATION IS REQUIRED

A Notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of  ___________________________________ , County of  _______________________________________________
On  _______________________________________ , before me,  ______________________________________________ ,
Date       Notary Public’s name
Notary Public, personally appeared  _____________________________  and  ____________________________________,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.    Notary

Signature of Notary Public

REGISTRATION IN PERSON – WITNESS by the City Clerk with VALID PHOTO IDENTIFICATION

City Clerk of the City of West Hollywood

Mail the completed, notarized application with required fee of $25.00
to the City to the address above. You may also apply in person at
City Hall during normal business hours.

Please allow two weeks for processing.
All information provided on this form is Public Record.
Los Angeles County Residents: Would you like to receive a voter registration form? YES □ NO □