

Statement of Domestic Partnership

W	e,	the	und	lersig	ned,	do	de	clare	tr	nat	t:
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- 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

Certificate #:

- 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.

Signature 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	Executed on:	at
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	Date	City and State
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State of	REGISTRAT	TION BY MAIL – <u>NOTARIZATION IS REQUIRED</u>
On		
Notary Public, personally appeared	State of	, County of
Notary Public, personally appeared	On	, before me,,
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 Seal REGISTRATION IN PERSON – WITNESS by the City Clerk with VALID PHOTO IDENTIFICATION City		· · · · · · · · · · · · · · · · · · ·
Signature of Notary Public REGISTRATION IN PERSON – WITNESS by the City Clerk with VALID PHOTO IDENTIFICATION City	who proved to me on the basis of satisfactor instrument and acknowledged to me that he his/her/their signature(s) on the instrument the instrument. I certify under PENALTY OF PE	ry evidence to be the person(s) whose name(s) is/are subscribed to the within /she/they executed the same in his/her/their authorized capacity(ies), and that by he person(s), or the entity upon behalf of which the person(s) acted, executed the
REGISTRATION IN PERSON – WITNESS by the City Clerk with VALID PHOTO IDENTIFICATION City	Witness my hand and official seal.	•
City	Signature of Notary Public	
•	REGISTRATION IN PERSON –	WITNESS by the City Clerk with VALID PHOTO IDENTIFICATION
•		City
City Clerk of the City of West Hollywood Seal	City Clerk of the City of West Hollywood	Seal

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