

This document prepared by
and return to:



DECLARATION OF DOMESTIC PARTNERSHIP

We swear or affirm under penalty of perjury that:

1. We are at both 18 or older and competent to contract;
2. Neither of us is married nor a partner to another domestic partnership relationship;
3. Neither of us is related to the other by blood;
4. We are domiciled in Broward County, or are, otherwise, subject to the provisions of the Broward County Domestic Partnership Act of 1999;
5. We consent to this domestic partnership and said consent has not been obtained by force, duress, or fraud;
6. We agree to be jointly responsible for each other's basic food and shelter during our domestic partnership;
7. Neither of us has had a different domestic partner within the last thirty (30) days.
8. Our mailing addresses are:

Name _____

Address _____

City, State & Zip Code _____

Name _____

Address _____

City, State & Zip Code _____

9. **By checking here** I request that this Declaration be considered a written inter vivos authorization and direction to have my domestic partner direct the deposition of my body for funeral, burial, or cremation purposes as a legally authorized person pursuant to Chapter 497, Florida Statutes. I understand that if I provide conflicting written inter vivos authorizations and directions that are dated after this Declaration, the later dated authorizations and directions shall control.

Name of Domestic Partner _____ Date _____

- By checking here** I request that this Declaration be considered a written inter vivos authorization and direction to have my domestic partner direct the deposition of my body for funeral, burial, or cremation purposes as a legally authorized person pursuant to Chapter 497, Florida Statutes. I understand that if I provide conflicting written inter vivos authorizations and directions that are dated after this Declaration, the later dated authorizations and directions shall control.

Name of Domestic Partner _____ Date _____

10. At least one of the following documents showing the same address for both Domestic Partners must be presented to the County. Copies may be presented in lieu of originals. Documentation will be returned to you. Please check those items presented.
- Current mortgage, deed, or lease
 - Current driver's license or other government-issued photograph identification
 - Most recent tax returns
 - Current utility bill
 - Current joint bank account
 - Current designation as a health care surrogate
11. **By checking here** I authorize and consent to my domestic partner participating in the education of my dependent.

Name of Domestic Partner _____ Date _____

- By checking here** I authorize and consent to my domestic partner participating in the education of my dependent.

Name of Domestic Partner _____ Date _____

12. Last step:

- (1) Sign this form in front of a Notary Public and have the Notary fill in the notarization at the bottom of this page; and
- (2) Record this form with the Broward County Records, Taxes and Treasury Division, 115 South Andrews Avenue, Room 114, Fort Lauderdale, Florida.

To be able to record this form with the Broward County Records, Taxes and Treasury Division, you must be subject to the provisions of the Broward County Domestic Partnership Act OR both partners must be domiciled in Broward County.

Check here to state that one of you is subject to the provisions of the Broward County Domestic Partnership Act.

Check here to state that both partners are domiciled in Broward County.

I declare under penalty of perjury under the laws of the State of Florida that the statements contained in the Declaration of Domestic Partnership above are true and correct.

Signed on, _____ , _____ in _____
(date signed) (place signed)

Signature _____

Print Name _____

Signed on _____ , _____ , in _____
(date signed) (place signed)

Signature _____

Print Name _____

Acknowledgment:

State of _____

County of _____

On this ____ day of _____ the year of _____ , before me, the undersigned authority, personally appeared, _____ and _____ , personally known to me (or providing the following identification _____) and, in my presence, executed the foregoing Declaration of Domestic Partnership.

Notary Public