APPLICATION FOR REGISTRATION OF DOMESTIC PARTNERSHIP - by mail or in person

City of Seattle, Washington

Registration ID#:

This space for City Clerk's Office use only

APPLICANT INFORMATION (Please type or print clearly):

Applicant 1

FIRST NAME MIDDLE (optional) LAST NAME

Applicant 2

FIRST NAME MIDDLE (optional) LAST NAME

STREET ADDRESS or PO BOX# APT./UNIT# PHONE NUMBER

CITY STATE ZIP/Postcode E-MAIL

So that we can determine your eligibility for the program, please tell us whether the following statements are true or false of you and your partner.

We are in a relationship of mutual support, caring and commitment. ☐True ☐False

We are not related by blood closer than would bar marriage in the State of Washington, as described in RCW 26.04.020. ☐True ☐False

We are each other's only domestic partner. ☐True ☐False

Neither of us is married to anyone. ☐True ☐False

We are both at least 18 years of age. ☐True ☐False

WE, THE UNDERSIGNED, CONSIDER OURSELVES TO BE DOMESTIC PARTNERS AS DESCRIBED ABOVE, AND WISH TO REGISTER OUR DOMESTIC PARTNERSHIP WITH THE CITY OF SEATTLE PURSUANT TO CITY COUNCIL ORDINANCE NO. 117244, AND REQUEST THAT THE CITY CLERK ISSUE TO US A CERTIFICATE OF REGISTRATION.

- We understand that the Certificate of Registration of Domestic Partnership is not a marriage certificate.
- We understand that registering our domestic partnership does not afford our relationship new or different legal status.
- We understand that neither this application nor the registration is intended to create any new or different legal rights or responsibilities
- We understand that neither this application nor the registration is intended to either establish or evidence any contractual relationship or contractual obligations between us.
- We understand that this Application for Domestic Partnership and a Registration of Domestic Partnership issued by the Office of the City Clerk are public records (pursuant to RCW 42.56).

APPLICANT ONE:

Signature

APPLICANT TWO:

Signature

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC (before sending, for *both* partners' signatures)

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, _____

Signature

MY COMMISSION EXPIRES: [Seal/Stamp here]

Date

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, _____

Signature

MY COMMISSION EXPIRES: [Seal/Stamp here]

Date

FOR CITY CLERK'S OFFICE USE ONLY	
Payment Received :	Mailed/In Person:
Receipt #:	Certificate issued::

MAIL COMPLETED APPLICATION WITH $25.00 REGISTRATION FEE (CHECK OR MONEY ORDER PAYABLE TO CITY OF SEATTLE) TO:

Office of the City Clerk, DPR Program
600 Fourth Avenue, P. O. Box 94728
Seattle, WA 98124-4728

Contact us for current office hours if you wish to register in person: 206-684-8344