

PINELLAS COUNTY AFFIDAVIT OF DOMESTIC PARTNERSHIP
REGISTRATION FORM
§ 70-237 of the Pinellas County Code

Instructions:

Both partners and two (2) witnesses must complete and submit this form (notarization is required) to the Clerk of the Court (with proof of identification) at one of the four following locations:

- **Clearwater Courthouse** - 315 Court St., Room 150, Clearwater, FL 33756;
- **North County Branch Office** - 29582 U.S. 19 N., Room 101, Clearwater, FL 33761
- **St Petersburg Branch Office** - 545 First Ave. N., Room 153, St Petersburg, FL 33701
- **Clerk's Tyrone Branch Office** - 1800 66th St. N., St Petersburg, FL 33710

A filing fee of \$50.00 is required and must be remitted to the Clerk of Court at the time of application.

We, the undersigned co-applicants, do declare that we meet the requirements of Section 70-237(d) of the Pinellas County Code and agree to the following statements:

Initials of partners <hr/> <hr/>	
<hr/> <hr/>	*I am at least eighteen (18) years of age and competent to contract.
<hr/> <hr/>	*I am not married under the laws of the State of Florida, nor am I a partner in a domestic partnership relationship or a member of a civil union with anyone other than the co-applicant.
<hr/> <hr/>	*I am not related to my co-applicant by blood as defined in Florida Law.
<hr/> <hr/>	*I consider myself to be a member of the immediate family of the co-applicant and I am jointly responsible for the maintenance and support of the domestic partnership.
<hr/> <hr/>	*I acknowledge that I reside in mutual residence with my co-applicant.
<hr/> <hr/>	*I designate the co-applicant to act as my healthcare surrogate as provided in Chapter 765, Florida Statutes and as my agent to direct the disposition of my body after death.
<hr/> <hr/>	*I agree to be responsible for the basic food and shelter of my co-applicant.
<hr/> <hr/>	*In the event that I have been determined incapacitated, I designate the co-applicant as my preneed guardian as defined in Chapter 744, Florida Statutes.
<hr/> <hr/>	*I agree to immediately notify the Clerk of Court's Office, in writing, if the terms of the Registered Domestic Partnership are no longer applicable or if one of the domestic partners to terminate the domestic partnership.

Mailing Address for Domestic Partners City State Zip

WE UNDERSTAND THAT THIS AFFIDAVIT FORM AND OUR DOMESTIC PARTNERSHIP REGISTRATION INFORMATION IS A PUBLIC RECORD UNDER FLORIDA LAW. WE UNDERSTAND THAT THE CLERK OF COURT IS RESPONSIBLE ONLY FOR MAINTAINING THE DOMESTIC PARTNERSHIP REGISTRY. WE UNDERSTAND THAT THIS FORM DOES NOT CONSTITUTE A "LIVING WILL" AS THAT TERM IS DEFINED IN SECTION 765.101, FLORIDA STATUTES. WE ACKNOWLEDGE THAT THIS DOMESTIC PARTNERSHIP REGISTRATION IS VALID IN PINELLAS COUNTY, FLORIDA, AND MAY NOT BE ACCEPTED IN OTHER JURISDICTIONS. WE ACKNOWLEDGE, THEREFORE, THAT THIS DOMESTIC PARTNERSHIP REGISTRY MAY NOT CONSTITUTE A HEALTHCARE SURROGATE OR PRE-NEED GUARDIANSHIP OUTSIDE PINELLAS COUNTY. **WE ACKNOWLEDGE THAT THIS DOMESTIC PARTNERSHIP REGISTRY DOES NOT SUBSTITUTE FOR A POWER OF ATTORNEY.** WE ACKNOWLEDGE THAT IT IS OUR DUTY TO KEEP DOMESTIC PARTNERSHIP DOCUMENTATION ON OUR PERSON AT ALL TIMES AND PROVIDE THE CLERK OF COURT WITH UP-TO DATE INFORMATION CONCERNING THE STATUS OF OUR DOMESTIC PARTNERSHIP.

List the name(s) of any dependent(s) that reside(s) within the mutual household of the co-applicants who is (are): 1) a biological, adopted, or foster 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 or other legal proceeding; or 4) a person supported in whole or in part by their registered partner's earnings and relies on such support.

List Dependents: _____
If the above is left blank, it would be automatically assumed that there are **no** dependents.

We swear or affirm under penalty of perjury that the statements and information provided on this form are true and correct.

Signed on _____ in _____, _____
Date City State

Signature of Applicant Witness (may not be blood relative of applicant)

Print Name: _____
Date of Birth: _____ Print Name: _____

Signature of Applicant Witness (may not be blood relative of applicant)

Print Name: _____
Date of Birth: _____ Print Name: _____

Notarization of both signatures: (Required)

State of _____
County of _____
Sworn to and subscribed before me this ___ day of _____, 20__ by
_____ and _____

Who are personally known _____ or produced the following identification _____:
_____.

Signature of Notary Public SEAL

NOTE: If either of the co-applicants **claims any exemption to public record disclosure** pursuant to Section 119, Florida Statutes, the person claiming such exemption must make a separate written request for maintenance of the exemption as to this record. A form is available upon request from the Clerk of Court for this purpose.