

**Record & Return to:**  
 Office of the City Clerk  
 326 West Marion Avenue  
 Punta Gorda, FL 33950  
 (941) 575-3369  
[www.pgorda.us](http://www.pgorda.us)



## AFFIDAVIT OF DOMESTIC PARTNERSHIP REGISTRATION

Chapter 19, Article I, Punta Gorda Code

*Both partners must appear in person to complete and submit this Affidavit to the City Clerk's Office at the address shown above. A filing fee of \$30 is required at the time of application (payable by cash or check).*

We, the undersigned, swear and affirm under penalty of perjury we meet the requirements of Chapter 19, Article I, Punta Gorda Code, and state the following:

(Initial below)

\_\_\_\_ / \_\_\_\_ I am at least 18 years of age and legally competent to enter into a contract.

\_\_\_\_ / \_\_\_\_ I am not currently married under Florida law nor am I a partner in another domestic partnership nor am I a member of a civil union with anyone other than my co-applicant.

\_\_\_\_ / \_\_\_\_ I am not related to my co-applicant by blood (as defined by Florida law).

\_\_\_\_ / \_\_\_\_ I consider myself to be a member of the immediate family of my co-applicant.

\_\_\_\_ / \_\_\_\_ I reside with my co-applicant in our mutual residence.

\_\_\_\_ / \_\_\_\_ I agree to notify the City Clerk in writing within ten days if the terms of the domestic partnership are no longer applicable or I wish to terminate the domestic partnership.

\_\_\_\_ / \_\_\_\_ I declare my intention to designate my co-applicant as my health care surrogate and as my agent to direct the disposition of my body for funeral and burial.

\_\_\_\_ / \_\_\_\_ I understand that either I or my co-applicant may voluntarily terminate this Registration at any time by completing the necessary Affidavit of Termination with the City Clerk.

List the name(s) of any dependent(s) (full legal name) who reside(s) within the mutual residence of a Registered Domestic Partnership and is(are): **(1)** a biological, adopted or foster child of a Registered Domestic Partner; or **(2)** a dependent as defined under Internal Revenue Service (IRS) regulations; or **(3)** a ward of a Registered Domestic Partner as determined in a guardianship or other legal proceeding.

**If no dependents, write "None."**

Dependents: \_\_\_\_\_

Mutual Residence Address (optional) City State Zip Code Phone

Mailing Address City State Zip Code

We, the undersigned, understand this Affidavit is a public record under Florida law. We understand that the City Clerk is responsible for maintaining the Domestic Partnership Registry. We acknowledge this Domestic Partnership Registration is valid in the City of Punta Gorda and may not be accepted in other jurisdictions. We acknowledge our duty to provide the City Clerk with any change or additional information relative to the status of our domestic partnership, up to and including termination.

PRINT (LAST) (FIRST) (MIDDLE)

PRINT (LAST) (FIRST) (MIDDLE)

SIGNATURE OF ABOVE

SIGNATURE OF ABOVE

DATE OF BIRTH

DATE OF BIRTH

SIGNATURE OF WITNESS

SIGNATURE OF WITNESS

PRINTED NAME OF WITNESS

PRINTED NAME OF WITNESS

STATE OF FLORIDA  
 COUNTY OF CHARLOTTE

Sworn to and subscribed before me by means of [ ] physical presence or [ ] online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (co-applicant) and \_\_\_\_\_ (co-applicant) who are personally known to me \_\_\_\_\_ or who have produced \_\_\_\_\_ as identification.

NOTARY SEAL

\_\_\_\_\_  
 SIGNATURE OF NOTARY PUBLIC

### CERTIFICATION OF DOMESTIC PARTNERSHIP REGISTRATION

I do hereby certify that \_\_\_\_\_ (co-applicant) and \_\_\_\_\_ (co-applicant) have met the requirements for registration of a domestic partnership and, as such, are entitled to the benefits conferred by Chapter 19, Article I, Punta Gorda Code. This Affidavit has been entered in the Domestic Partnership Registry of the City of Punta Gorda (Registration # \_\_\_\_\_) on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 CITY CLERK