



City of Cape Coral

DECLARATION OF DOMESTIC PARTNERSHIP REGISTRATION FORM

Code of Ordinances Chapter 28 – Office of the City Clerk, 1015 Cultural Park Blvd., Cape Coral, FL 33990

Telephone: (239) 574-0411 / Email: ctyclk@capecoral.net

Instructions: Complete and submit this form (**notarization is required**) to the City Clerk’s Office at the address above. A filing fee of \$50.00 is required and must accompany the registration form. Payment must be Cash, Credit or Debit.

We, the undersigned, do declare that we meet the requirements of Chapter 28 of the Cape Coral Code of Ordinances.

- Is at least 18 years old and competent to contract;
- Is not married, or a member of another registered domestic partnership or civil union with anyone other than the co-applicant;
- Agrees to share the common necessities of life and to be responsible for each other’s welfare;
- Shares his or her primary residence with the other;
- Considers himself or herself to be a member of the immediate family or the other partner;
- Agrees to immediately notify the City Clerk’s Office, in writing, of any change in the status of the registered domestic partnership; and
- Agrees to mutually support the other by contributing in some fashion, not necessarily equally, to maintain and support the registered domestic partnership.

List the name of each dependent that resides within the mutual household of co-applicants who is: 1) Biological, adopted or foster child of a registered domestic partner; or 2) a dependent as defined under IRS regulations; or 3) A ward of a registered domestic partner as determined in a guardianship or other legal proceeding.

List Dependents: _____
(If the above is left blank, it would be automatically assumed that there are NO dependents)

We understand that this AFFIDAVIT FORM AND OUR Domestic Partnership registration information is a public record under Florida Law. We understand that the City Clerk is responsible for maintaining the registry. We understand that the City Clerk will make her best efforts to ensure the public records contain up-to-date information, but WE AFFIRMATIVELY HOLD THE CITY OF CAPE CORAL HARMLESS FROM ANY MISTAKES OR DELAYS IN THIS PROCESS.

Do you or your domestic partner claim any exemption to the public records disclosure pursuant to Section 119 Florida Statutes? ___ Yes ___ No. If “yes”, submit on a separate page a detailed explanation of exemption.

Common Residence Address City State Zip Code

Telephone Number Email Address

We swear or affirm under penalty of perjury that the statements above are true and correct.

Signed on _____ in _____
Date City State

Signature (Print legibly) Last First Middle

Signature (Print legibly) Last First Middle

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 identification _____

(NOTARY SEAL)

Signature of Notary Public

For Clerk’s Use Only:			
Filing Date:	MCR#	Received by:	
Registration Number:	Entered by:	Date:	