

Record and Return to: St. Petersburg City Clerk, 175 Fifth Street North, St. Petersburg, Florida 33701

CITY OF ST. PETERSBURG DOMESTIC PARTNERSHIP REGISTRATION AFFIDAVIT

Chapter 15, Article II, St. Petersburg City Code

Phone: 727-893-7448; email: cityclerk@stpete.org

Office Hours: Monday through Wednesday from 8:30 a.m. to 4:30 p.m.

Instructions: Both partners must come in person to complete and submit this affidavit to the City Clerk's Office at the address above. A filing fee of \$30.00 is required and must be remitted at the time of application. Make check payable to the City of St. Petersburg.

STATE OF FLORIDA
COUNTY OF PINELLAS

We, the undersigned co-applicants, do declare that we meet the requirements of Section 15-32 of the St. Petersburg City Code and agree to the following statements:

Initials of partners:

- ____ *I am at least eighteen (18) years old and competent to contract.
- ____ *I am not currently married under Florida law, nor am I a partner in a domestic partnership relationship or a member of civil union with anyone other than the co-applicant.
- ____ *I am not related to my co-applicant by blood as defined in Florida law.
- ____ *I consider myself to be a member of the immediate family of the co-applicant and I am jointly responsible for maintaining and supporting the registered Domestic Partnership.
- ____ *I reside in a mutual residence with the co-applicant.
- ____ *I will immediately notify the City Clerk, in writing, if the terms of the registered Domestic Partnership are no longer applicable or if one of the domestic partners wishes to terminate the domestic partnership.
- ____ *I designate the co-applicant as my agent to direct the disposition of my body for funeral and burial purposes.
- ____ *In the event that I have been determined to be incapacitated and cannot provide informed consent for medical treatment and surgical and diagnostic procedures, I designate the co-applicant as my surrogate for health care decisions. I fully understand that this designation will permit the co-applicant to make health care decisions and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility. I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility.
- ____ * In the event that I have been determined to be incapacitated, I designate the co-applicant as my preneed guardian as defined in Chapter 744, Florida Statutes.

List the name(s) of any dependent(s) that reside(s) within the mutual household of co-applicants who is (are): 1) a 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 and Domestic Partnership Registration is a public record under Florida law. We understand that the City Clerk will maintain the registry including recording in the public record a copy of this affidavit listing us as Registered Domestic Partners. We understand that the City Clerk will make best efforts to ensure that the public record is supplied with up-to-date information, but WE AFFIRMATIVELY COVENANT NOT TO SUE, RELEASE, AND HOLD HARMLESS THE CITY OF ST. PETERSBURG, ITS CITY COUNCIL, MAYOR AND ANY OFFICER, DIRECTOR OR EMPLOYEE FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, ACTIONS, JUDGMENTS, COSTS OR ATTORNEY'S FEES OR OTHER DAMAGES OR LIABILITY OF ANY NATURE THAT I NOW HAVE, OR CAN, SHALL OR MAY HAVE, UPON OR BY REASON OF, DIRECTLY OR INDIRECTLY RELATING TO, OR ARISING OUT OF THIS REGISTRATION AS DOMESTIC PARTNERS, INCLUDING ANY MISTAKES OR DELAYS IN RECORDING OR POSTING ANY INFORMATION RELATING TO THE REGISTRATION.

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

Signed on _____, 20__ in St. Petersburg, Florida. Witnesses: (may not be blood relatives of applicants)

Signature of Applicant: _____
Print Name: _____
Address: _____

Signature of Applicant: _____
Print Name: _____
Address: _____

Notarization of both signatures: (Required)

Sworn to and subscribed before me this ____ day of _____, 20__ by _____ who produced _____ as identification and _____ who produced _____ as identification.

Signature of Notary Public

For Clerk's Use Only; Filing Date _____ Received by _____ Registration # _____
Sent to Recording on _____ By: _____ Date of Amendments/Termination _____