



**AFFIDAVIT OF DOMESTIC PARTNERSHIP REGISTRATION**  
Chapter 62, Article XII of the Sarasota County Code of Ordinances

**Instructions:** Form must be completed and submitted to the Sarasota County Clerk of the Circuit Court and County Comptroller located at 2000 Main Street, Sarasota, FL 34237 or 4000 S. Tamiami Trail, Venice, FL 34293 to be recorded into the Official Records.

We, the undersigned, swear or affirm under penalty of perjury that:

1. Each individual is at least eighteen (18) years old and competent to contract
2. Neither individual is currently married under Florida law nor is a partner in a domestic partnership or a member of a civil union with anyone other than the co-applicant
3. We are not related by blood as defined by Florida law
4. Each individual considers himself or herself to be a member of the immediate family of the other partner and to be jointly responsible for maintaining and supporting the Domestic Partner
5. The Domestic Partners reside in a mutual residence located in Sarasota County, Florida
6. Each individual agrees to immediately notify the clerk, in writing, if the terms of the Registered Domestic Partnership are no longer applicable or one of the Domestic Partners wishes to terminate the Domestic Partnership
7. Each individual expressly declares their desire and intent to designate their Domestic Partner as their healthcare surrogate and as their agent to direct the disposition of the their body for funeral and burial purposes

\_\_\_\_\_  
Mutual residential address      City      State      Zip Code

WE UNDERSTAND THAT THIS AFFIDAVIT FORM AND OUR DOMESTIC PARTNERSHIP INFORMATION IS A PUBLIC RECORD UNDER FLORIDA LAW. WE UNDERSTAND THAT THE CLERK OF THE CIRCUIT COURT AND COUNTY COMPTROLLER IS RESPONSIBLE FOR MAINTAINING THE DOMESTIC PARTNERSHIP REGISTRY. WE ACKNOWLEDGE THAT CHANGES TO THIS REGISTRATION WILL BE MADE BY FILING WITH THE CLERK OF THE CIRCUIT COURT AND COUNTY COMPTROLLER AN APPLICATION FOR AMENDMENT TO THE AFFIDAVIT OF DOMESTIC PARTNERSHIP REGISTRATION.

The above representations are true and correct and do not contain material omissions of fact to the best of our knowledge and belief.

\_\_\_\_\_  
Printed Name (Last)    (First)      (Middle)

\_\_\_\_\_  
Printed Name (Last)    (First)      (Middle)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Signature

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:  
\_\_\_\_\_  
\_\_\_\_\_ and \_\_\_\_\_ who are personally known to me or who have  
produced \_\_\_\_\_ as identification.

Notary Public     Deputy Clerk for  
Karen E. Rushing  
Clerk of the Circuit Court and County Comptroller  
In and for Sarasota County, Florida