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 Office of the City Clerk
 City of Pensacola
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CITY OF PENSACOLA AFFIDAVIT OF DOMESTIC PARTNERSHIP REGISTRATION
Chapter 5-3 of City Code

The Co-Applicants for Domestic Partnership Registration

Co-Applicant #1 _____ Co-Applicant #2 _____

Mutual Mailing Address: _____
Street Address City, State, Zip

We, the undersigned Co-Applicants for Domestic Partnership Registration, do declare that we meet the requirements of Chapter 5-3 of the City code (Ordinance 41-13) for Domestic Partnership and agree to ALL of the following:

Initials of Partners	
____ / ____	a) I am at least eighteen (18) years old and competent to contract.
____ / ____	b) 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.
____ / ____	c) I am not related to my co-applicant by blood as defined in Florida Law.
____ / ____	d) I consider myself to be a member of the immediate family of the other partner and I am jointly responsible for maintaining and supporting the Registered Domestic Partnership.
____ / ____	e) I reside in a mutual residence with the co-applicant.
____ / ____	f) I will immediately notify the City Clerk, in writing, if the terms of the Registered Domestic Partnership are no longer applicable or if one of the domestic partners wishes to terminate the domestic partnership.
____ / ____	g) I declare my desire and intent to designate my domestic partner as my healthcare surrogate and as my agent to direct the disposition of my body for funeral and burial.

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 one (or both) Co-Applicants; or 2) a dependent, as defined under IRS regulations, of one (or both) Co-applicants; or 3) a ward of one (or both) Co-Applicants, as determined in a guardianship or other legal proceeding.

List Dependents:

(If the above lines are left blank, it will be automatically assumed that there are NO dependents.)

We understand that this DPR Affidavit and our domestic partnership registration is public record under Florida law. We understand that the City Clerk will maintain the registry including recording in the Official Records of Escambia County a copy of this affidavit listing us as registered domestic partners. **We affirmatively release and forever discharge, absolve, covenant not to sue, and hold harmless the City of Pensacola and the City Clerk, their officers, agents and employees from and against any and all liabilities, claims, demands, actions, judgments, costs or attorney's fees or other damages of any nature that I, my successors, heirs, assigns, administrator, or executors, has or may ever have, upon or by reason of, directly or indirectly or remotely 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, or use of or access to the on-line domestic partnership database.**

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

Signed on _____, 20____
in the City of Pensacola, Florida

**Two witnesses of both Co-Applicant's initials/signatures
(May not be a blood relative of either Co-Applicant)**

Signature of Affiant #1 (Co-Applicant #1)

Signature of Witness #1

Printed Name of Affiant #1 (Co-Applicant #1)

Printed Name of Witness #1

Printed Mailing Address of Affiant #1 (Co-Applicant #1)

Signature of Witness #2

City, State, Zip

Printed Name of Witness #2

Signature of Affiant #2 (Co-Applicant #2)

Printed Name of Affiant #2 (Co-Applicant #2)

Printed Mailing Address of Affiant #2 (Co-Applicant #1)

City, State, Zip

STATE OF FLORIDA
COUNTY OF ESCAMBIA

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____ by

_____ who produced _____ as identification and
Printed Name of Affiant #1 (Co-Applicant #1)

_____ who produced _____ as identification.
Printed Name of Affiant #2 (Co-Applicant #2)

Signature of Notary

Notary Stamp: