Domestic Partner Registry
Application

This affidavit must be completed by both the Partner A and the declared Domestic Partner B. *The affidavit must be notarized before the names are added to the registry.*

Section 1. Domestic Partnership Requirements (please print)

Domestic Partner A Name:
_____

Domestic Partner B: Name
_____

Common
Address of Domestic Partners: _____

Domestic Partner's Social Security Number: _____

We certify that:

1. neither of us are currently married to
   or legally separated from another person under statutory or common law, as recognized by the State of Ohio; and
2. we share responsibility for each others' common welfare; and
3. we are not related by blood in a manner that would bar our marriage in the State of Ohio; and
4. we are both at least eighteen (18) years of age and mentally competent to conse nt tocontract; and
5. we share the same residence; and
6. we have been in an exclusive relationship with each other for at least 6 months w ith the intention of remaining in the relationship indefinitely; and
7. we are financially interdependent to each other as demonstrated by a signed declaration of financial interdependence and have provided the City proof of at le ast four (4) of the following:
   a. Joint ownership of real property or joint tenancy on a residential lease; or
   b. Joint ownership of an automobile; or
   c. Joint bank or credit account; or
   d. Joint liabilities (e.g., credit cards or loans); or
   e. A will designating the eligible Domestic Partner as primary beneficiary; or
   f. A retirement plan or life insurance policy beneficiary designation form designating the eligible Domestic Partner as primary beneficiary; or
   g. A durable power of attorney signed to the effect that the domestic partners have granted powers to one another.

Section 2. Declaration of Domestic Partners

(1) Domestic Partner Signature:

_____ Date: _____

State of _____ County of :_____

Sworn to and subscribed in my presence _____ day of _____ 20_____

SIGNATURE & SEAL OF NOTARY PUBLIC

_____

I declare that the statements in Section 1 are true and correct. I have read and understand the terms and conditions contained in the affidavit. I understand that any misrepresentation of fact can result in removal from the registry.

Registration ends when the domestic partnership ends. You must report the termination of the partnership.

(2) Domestic Partner Signature:

_____ Date: _____

State of _____ County of :_____

Sworn to and subscribed in my presence _____ day of _____ 20_____

SIGNATURE & SEAL OF NOTARY PUBLIC

_____

I declare that the statements in Section 1 are true and correct. I have read and understand the terms and conditions contained in the affidavit. I understand that any misrepresentation of fact can result in removal from the registry.

Registration ends when the domestic partnership ends. You must report the termination of the partnership.

For Office Use Only
Clerk of Council Staff Member Review: _____ Registry #_____