



# State of California Secretary of State

FILE NO: \_\_\_\_\_

This Space For Filing Use Only

## DECLARATION OF DOMESTIC PARTNERSHIP

Please read instructions on reverse side before completing form.

We the undersigned, do declare that we meet the requirements of Family Code section 297, which are as follows:

- Both persons have a common residence.
- Neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.
- Both persons are not related by blood in a way that would prevent them from being married to each other in this state.
- Both persons are at least 18 years of age.
- Both persons are members of the same sex, **OR** one or both of the persons of opposite sex are over the age of 62 and meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C. Section 402(a) for old-age insurance benefits or Title XVI of the Social Security Act as defined in 42 U.S.C. Section 1381 for aged individuals.
- Both persons are capable of consenting to the domestic partnership.
- Both persons consent to the jurisdiction of the Superior Courts of California for the purpose of a proceeding to obtain a judgment of dissolution or nullity of the domestic partnership or for legal separation of partners in the domestic partnership, or for any other proceeding related to the partners' rights and obligations, even if one or both partners ceases to be a resident of, or to maintain a domicile in, this state.

The representations are true and correct, and contain no material omissions of fact to the best of our knowledge and belief. Filing an intentionally and materially false Declaration of Domestic Partnership shall be punishable as a misdemeanor. (Family Code section 298(c).)

PARTNER 1	PARTNER 2
Printed Name (Last) _____ (First) _____ (Middle) _____	Printed Name (Last) _____ (First) _____ (Middle) _____
Signature of Partner as Stated Above _____	Signature of Partner as Stated Above _____
<u>OPTIONAL</u> Name Changes:	<u>OPTIONAL</u> Name Changes:
New Last Name _____	New Last Name _____
New Middle Name _____	New Middle Name _____
Date of Birth (required for name change) _____	Date of Birth (required for name change) _____

\_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

State of California **NOTARIZATION IS REQUIRED**  
 County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
 Signature of Notary Public [SEAL]

## INSTRUCTIONS FOR COMPLETING THE DECLARATION OF DOMESTIC PARTNERSHIP (FORM NP/SF DP-1)

For easier completion, this form is available on the Secretary of State's website at [www.sos.ca.gov/dpregistry/](http://www.sos.ca.gov/dpregistry/). It can be viewed, filled in and printed from your computer. If you do not complete this form online, please type or legibly print in black or blue ink. Do not alter this form.

Statutory filing provisions are found in California Family Code sections 297 and 298. All statutory references are to the California Family Code, unless otherwise stated.

Complete the Declaration of Domestic Partnership (Form NP/SF DP-1) as follows:

- Both persons must meet all of the requirements of Section 297, as stated on the front of the Declaration of Domestic Partnership form.
- Both persons must sign and affix their signatures to the same Declaration of Domestic Partnership form.
- Both persons must print their names legibly. The names must be printed in the order requested: Last name, First name, Middle name. If there is a suffix, i.e. Jr., Sr., etc., include this as part of the last name.
- One or both persons to a registered domestic partnership may change the middle or last names by which that person wishes to be known after registration of the domestic partnership by entering the new name and including their date of birth in the spaces provided on the Declaration of Domestic Partnership form. A person may adopt any of the following middle or last names: the current last name of the other domestic partner; the last name of either domestic partner given at birth; a name combining into a single last name all or a segment of the current last name or the last name of either domestic partner given at birth; or a hyphenated combination of last names. (Section 298.6.)
- A complete mailing address is required (address, city, state, zip code.) Print legibly. Do not abbreviate city names.
- The signature of both persons must be notarized with a certificate of acknowledgment. The Declaration of Domestic Partnership must be signed using the name of the individual prior to the name change, if any.

The completed form can be mailed to Secretary of State, Domestic Partners Registry, P.O. Box 942877, Sacramento, CA 94277-0001 or delivered in person to the Sacramento office, 1500 11<sup>th</sup> Street, 2<sup>nd</sup> Floor, Sacramento, CA 95814 **OR** can be hand delivered for over-the-counter processing to either one of the regional offices located in Los Angeles or San Diego. Please refer to the Secretary of State's website at [www.sos.ca.gov/dpregistry/](http://www.sos.ca.gov/dpregistry/) for office locations and phone numbers.

### FEES:

- The fee for filing Form NP/SF DP-1 is \$10.00.
- For same-sex partners, an additional \$23.00 fee must be paid at the time of filing the form, for a total of \$33.00.
- There is an additional \$15.00 special handling fee for processing a document delivered in person to the Sacramento office or to either one of the regional offices located in Los Angeles or San Diego.

Payments for documents submitted:

- by mail to Sacramento can be made by check or money order.
- over-the-counter in Sacramento can be made by check, money order, cash, or credit card (Visa or MasterCard).
- over-the-counter in either of the two regional offices can be made by check, money order, or credit card (Visa or Master Card). Regional offices are not able to accept cash.

Checks or money orders should be made payable to the Secretary of State.

The additional \$23.00 fee will be used to develop and support a training curriculum specific to lesbian, gay, bisexual, and transgender domestic abuse support service providers who serve that community in regard to domestic violence, and to provide brochures specific to lesbian, gay, bisexual, and transgender domestic abuse. Brochures developed by the State Department of Public Health will be available upon request from the Secretary of State, as funding allows.