APPLICATION FOR REGISTRATION OF Registration ID#: **DOMESTIC PARTNERSHIP - by email** City of Seattle, Washington THIS SECTION TO BE COMPLETED BY APPLICANTS (Please type or print clearly): Applicant 1 FIRST NAME MIDDLE (optional) LAST NAME Applicant 2 This space for City Clerk's FIRST NAME MIDDLE (optional) LAST NAME Office use only STREET ADDRESS or PO BOX# APT./UNIT# PHONE NUMBER CITY STATE ZIP/Postcode E-MAIL So that we can determine your eligibility for the program, please tell us whether the following statements are true or false of you and your partner. We are in a relationship of mutual support, caring and commitment. True False We are not related by blood closer than would bar marriage in the State of Washington, as described in RCW 26.04.020. False True We are each other's only domestic partner. True False Neither of us is married to anyone. True False We are both at least 18 years of age. True False WE, THE UNDERSIGNED, CONSIDER OURSELVES TO BE DOMESTIC PARTNERS AS DESCRIBED ABOVE, AND WISH TO REGISTER OUR DOMESTIC PARTNERSHIP WITH THE CITY OF SEATTLE PURSUANT TO CITY COUNCIL ORDINANCE No. 117244. AND REQUEST THAT THE CITY CLERK ISSUE TO US A CERTIFICATE OF REGISTRATION. We understand that the Certificate of Registration of Domestic Partnership is not a marriage certificate. We understand that registering our domestic partnership does not afford our relationship new or different legal status. We understand that neither this application nor the registration is intended to create any new or different legal rights or responsibilities We understand that neither this application nor the registration is intended to either establish or evidence any contractual relationship or contractual obligations between us. We understand that this Application for Domestic Partnership and a Registration of Domestic Partnership issued by the Office of the City Clerk are public records (pursuant to RCW 42.56). APPLICANT ONE: APPLICANT TWO: Signature Signature THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC (before sending, for both partners' signatures) SUBSCRIBED AND SWORN TO BEFORE ME SUBSCRIBED AND SWORN TO BEFORE ME this day of , this _____, ___, ___ Signature Signature MY COMMISSION MY COMMISSION [Seal/Stamp here] [Seal/Stamp here] **EXPIRES**: **EXPIRES:** Date Date EMAIL COMPLETED, E-SIGNED AND E-FOR CITY CLERK'S OFFICE USE ONLY **NOTARIZED APPLICATION TO:** leg domesticpartnership@seattle.gov Payment Received: Mailed/In Person:

Receipt #:

Certificate issued::

Our staff will email you a link to an online invoice for your registration fee