



State of California Secretary of State

FILE NO: _____

(Office Use Only)

DECLARATION OF DOMESTIC PARTNERSHIP

(Family Code Section 298)

Instructions:

1. Complete and mail to: Secretary of State, P.O. Box 942877, Sacramento, CA 94277-0001 (916) 653-3984
2. Include filing fee of \$10.00. Make check payable to Secretary of State.

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

- We have a common residence;
- Neither of us 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;
- We are not related by blood in a way that would prevent us from being married to each other in this state;
- We are both at least 18 years of age;
- We are both members of the same sex **or** one/or both of us is/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;
- We are both capable of consenting to the domestic partnership;
- We 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 herein are true, correct and contain no material omissions of fact to our best knowledge and belief. Sign and print complete name. Type or print legibly. Signatures of both partners must be notarized.

Signature (Last) (First) (Middle)

Signature (Last) (First) (Middle)

Mailing Address City State Zip Code

E-Mail Address (optional)

NOTARIZATION IS REQUIRED
State of California
County of _____

On _____, before me, _____, Notary Public, personally appeared _____ personally known to me (or 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.
WITNESS my hand and official seal.

Signature of Notary Public [PLACE NOTARY PUBLIC SEAL HERE]