

LEON COUNTY DOMESTIC PARTNERSHIP REGISTRATION AFFIDAVIT
Per Chapter 9, Article V, Leon County Code of Laws (Ordinance No. 13-09)

INSTRUCTIONS: The Domestic Partnership Registration (DPR) Affidavit must be signed by both partners (the “Co-Applicants”) under oath, with penalty of perjury, in the presence of the Leon County Clerk of Courts (the “County Clerk”) or his or her designee. A recording fee of \$50.00 is required, and must be remitted at the time of application by cash, credit card, or check (made payable to the Leon County Clerk of Courts).

1. Both partners must come in person, together, to the **Northeast Branch Office, 1276 Metropolitan Boulevard, #101**. [Click here for our current hours of operation](#). Before arriving at the County Clerk’s office, you should review the sample 3-page DPR Affidavit, which is provided on the following pages, and the Leon County Domestic Partnership Ordinance, which is available by clicking on this link: <http://image.clerk.leon.fl.us/finance/Ordinances/2013/ORD13-09.pdf>. **The County Clerk, which administers the domestic partnership registry for Leon County, does not and will not provide legal advice.** If you have any questions about sample DPR Affidavit or the Ordinance, you should consult with an attorney.
2. Upon arrival at the County Clerk’s office, you will be provided a blank DPR Affidavit and instructed to complete the information on the form, except for those sections that indicate initials or signatures.
3. Those sections of the DPR Affidavit that require the Co-Applicants’ initials or signatures must be signed or initialed, as applicable, in the presence of the County Clerk or his or her designee, with two witnesses. Therefore, two witnesses will also need to be present with you at the County Clerk’s office. Witnesses must not be blood relatives of either partner. You may bring witnesses with you, or staff of the County Clerk’s office may serve as witnesses.
4. Note that the DPR Affidavit includes a “prepared by” statement, which is required under Section 695.26, Florida Statutes (2012). You will need to provide your mailing address to complete this section of the DPR Affidavit.
5. After both partners have effectively completed the DPR Affidavit, they will be asked to sign, under oath, with penalty of perjury, that the statements and information provided are true and correct. As evidence of identify, both partners must present one of the following documents for review by the County Clerk or his or her designee: a Florida driver’s license, a Florida Identification Card, a United States Passport, or any other document listed in the Florida Governor’s Reference Manual for Notaries as satisfactory evidence. Their signatures must be witnessed by two witnesses, in the presence of the County Clerk or his or her designee. The County Clerk or his or her designee will sign and seal the DPR Affidavit. The Registered Domestic Partners will pay the recording fee. The DPR Affidavit will be recorded in the Official Records of Leon County. The Registered Domestic Partners will be provided with a Certificate of Registration, and the original, recorded DPR Affidavit. Additionally, and each Registered Domestic Partner will be provided a laminated card recognizing the Registered Domestic Partnership in Leon County.
6. Copies of the recorded form will be viewable and printable from the Leon County Clerk of Courts’ website (www.clerk.leon.fl.us/). Click “Domestic Partnership Records” and then enter your name in the “Name” box (last name, first name, middle name). You may expand your search by only entering the last name, or the last name and first name.

Prepared by and return to:	
Name(s)	
Mailing Address	
City ST Zip	

The Co-Applicants for Domestic Partnership Registration:

Co-Applicant #1: _____
Printed Name of Co-Applicant #1

Co-Applicant #2: _____
Printed Name of Co-Applicant #2

We, the undersigned Co-Applicants for Domestic Partnership Registration, do declare that we meet the requirements of Chapter 9, Article V, Leon County Code of Laws (Ordinance No.13-09) for Domestic Partnership, and agree to ALL of the following statements:

Initials of Co-Applicant #1	Initials of Co-Applicant #2	Statements
		I am at least eighteen (18) years old and competent to contract.
		I am not currently married under Florida law.
		I am not currently a partner in a domestic partnership relationship or a member of a civil union with anyone other than the Co-Applicant.
		I am not related by blood to the Co-Applicant as either a direct ascendant or direct descendant (such as a son, daughter, parent, or grandparent), and I am not related by blood to the Co-Applicant as a sister, brother, aunt, uncle, niece or nephew.
		I consent to the domestic partnership with the Co-Applicant, and to registering the domestic partnership with the co-applicant with the Leon County Clerk of Court's office, without force, duress, or fraud.
		I agree to be jointly responsible in the support of this domestic partnership with the Co-Applicant.
		I consider myself to be in a committed domestic relationship with the Co-Applicant, and to be a member of the immediate family of the Co-Applicant.
		I acknowledge that registration under this Leon County Law will grant the following to the Co-Applicant: (1) healthcare facility visitation rights, (2) healthcare decisions, (3) funeral and burial decisions, (4) correctional facility visitation rights, (5) emergency notification of family members, (6) the same right as any other individual to be designated as a preneed guardian pursuant to Chapter 744, Florida Statutes, and (7) educational participation rights, as reflected in Section 9.62, Chapter 9, Article 5, Leon County Code of Laws.
		In the event I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate the Co-Applicant for Domestic Partnership Registration, as identified in this DPR Affidavit, as my surrogate for health care decisions (my "Health Care Surrogate").
		I affirm that my designation of the Co-Applicant as my Health Care Surrogate pertains to <u>any and all</u> decisions concerning both my physical health and my mental health.
		I fully understand that my designation of the Co-Applicant as my Health Care Surrogate will permit the Co-Applicant to make <u>any and all</u> health care decisions and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

(continued on the following Page #2)

Initials of Co-Applicant #1	Initials of Co-Applicant #2	Statements
(continued from Page #1)		
		I further affirm that my designation of the Co-Applicant as my Health Care Surrogate is not being made as a condition of treatment or admission to a health care facility.
		I understand that if one or both Co-Applicants provide(s) any health care surrogate designation forms that are properly executed after the date this DPR Affidavit is recorded in the Official Records of Leon County, and such forms contain conflicting designations, the later dated authorization and direction shall control.
		I designate the Co-Applicant as my agent to direct the disposition of my body for funeral and burial.
		I understand that if one or both Co-Applicants provide(s) any conflicting, written inter vivos authorization and directions, related to the disposition of their body for funeral and burial, dated after the date this DPR Affidavit is recorded in the Official Records of Leon County, the later dated authorization and directions shall control.
		I will file an Affidavit of Termination of Registered Domestic Partnership with the Leon County Clerk of Court's office if I wish to terminate the Registered Domestic Partnership with the Co-Applicant, and within ten (10) days of any of the following occurrences: (a) one (or both) Co-Applicants becomes married under Florida law; or (b) one (or both) Co-Applicants enters into a civil union or Registered Domestic Partnership with someone other than the other Co-Applicant; or (c) the Co-Applicant dies.

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.

(Note: the list of dependents will be redacted in the Official Records of Leon County).

List Dependents: _____

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

We understand that this DPR Affidavit and our domestic partnership registration information is a public record under Florida law. We understand that the Leon County Clerk of Courts will maintain the registry including recording in the Official Records of Leon 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 Leon County, Florida and the Leon County Clerk of Courts, 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, administrators, 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 Leon County, 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 #2)

City, State, Zip

STATE OF FLORIDA
COUNTY OF LEON

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 Deputy Clerk