



City of Palm Springs
Statement of Domestic Partnership

Office of the City Clerk
3200 E. Tahquitz Canyon Way
Palm Springs, CA 92262
TEL (760) 323-8204
FAX (760) 322-8332

Reserved for Filing Stamp

CERTIFICATE NO. _____

THE UNDERSIGNED, DO DECLARE AS FOLLOWS:

The Domestic Partnership is between no more than two persons, each of whom is eighteen (18) years old or older and each person is competent to enter into a contract or consent to the Domestic Partnership;

We are not related by blood in a way which would bar marriage in the State of California;

We are not married or a member of another domestic partnership;

We have agreed to be jointly responsible for common care, welfare, and basic living expenses in that each partner has agreed to provide for the other partner's basic living expenses if the partner is unable to provide for herself or himself;

We are domiciled in the City of Palm Springs at a common residence; but this does not require that the legal right to possess the residence be in both names;

We have been cohabitating for a period of at least six (6) months; and

Neither of us has officially declared to the City of Palm Springs that he or she has a different domestic partner nor has previously made and concurrently maintained such declaration to any other jurisdiction; provided that any such prior declaration has been terminated; and further provide that this shall not bar any such concurrent declaration filed with the Secretary of State of California, if such declaration is for the same partner at the Palm Springs domicile.

WE DECLARE UNDER PENALTY OF PERJURY PURSUANT TO THE LAWS OF THE STATE OF CALIFORNIA, THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT.

[SIGNATURES OF **BOTH** PARTNERS MUST BE NOTARIZED]

Signature

(Last) (First)

Signature

(Last) (First)

Common Residence Address City State Zip Code

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____

On _____ before me, _____,
(here insert name and title of the officer)

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 _____

(Seal)