

**INSTRUCTION FOR COMPLETING THE AFFIDAVIT OF DOMESTIC PARTNERSHIP**

For easier completion, this form is available on the City Clerk's website at http://www.oaklandnet.com/government/city_clerk/domestic.html and can be viewed, filled in and printed from your computer. If you are not completing this form online, please type or legibly print in black or blue ink.

The Affidavit of Domestic Partnership form may be used to establish a domestic partnership of two persons meeting the requirements as stated on the front of the form. A Certificate of Registration of Domestic Partnership will be issued to the partners after the affidavit is filed.

Complete the Affidavit of Domestic Partnership form as follows:

- Both persons must sign their signatures in front of the City Clerk Representative
- Both persons must print their names legibly. The names must be printed in the order requested: Last name, First name, Middle name
- A complete mailing address is required (address, city, state, zip code). Print legibly. Do not abbreviate city names.

Both Partners must show proof of identity by presenting a picture identification card. If both partners live in Oakland, each must show proof of residence within the city limits at the same address, such as a utility bill or bank statement.

Both partners must appear in person to submit this form to the Office of the City Clerk located at: **One Frank H. Ogawa, 2nd Floor, Room 201, Oakland, CA 94612.**

OR

Both partners must appear to a Notary Public to sign the Affidavit of Domestic Partnership. The Affidavit is then forwarded, with proof of residence and fee to:

**The Office of the City Clerk
One Frank H. Ogawa,
2nd Floor, Room 201
Oakland, CA 94612.**

FEES: The non-fundable fee for filing Affidavit of Domestic Partnership is **\$40.00**. Checks or money orders should be made payable to: **City of Oakland.**





CITY HALL • ONE FRANK H. OGAWA PLAZA • OAKLAND, CALIFORNIA 94612

Office of the City Clerk
City Clerk and Clerk of the Council

Certificate
Number:

(510) 238-3611
FAX (510) 238-6699
TDD: (510) 839-6451

AFFIDAVIT OF DOMESTIC PARTNERSHIP
(Notarized)

We, the Undersigned, do declare that:

- ✓ *We are both over 18 years of age and have chosen to share one another's lives in an intimate and committed relationship of mutual caring;*
- ✓ *We live together;*
- ✓ *We are jointly responsible for basic living expenses which we incur during the domestic partnership;*
- ✓ *One of us is an employee of the City of Oakland, or both of us reside together within the city limits;*
- ✓ *Neither of us are married, nor are we related to each other in a way which would bar marriage in California;*
- ✓ *Neither of us has had a different domestic partner less than six months prior to signing this Affidavit;*
- ✓ *We agree to notify the City of any changes in the status of our domestic partnership agreement.*

We declare under penalty of perjury, and under the laws of the State of California that the statements herein are true and correct to the best of our knowledge and belief.

Signature of Partner	(Last)	(First)	(Middle)
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Signature of Partner	(Last)	(First)	(Middle)
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Mailing Address	City	State	Zip Code
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Telephone Number (Home)	Telephone Number (Cell)
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Affidavit of Domestic Partnership Notarization
 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]



Optional Questionnaire for Domestic Partnership

APPLICANTS: We receive many inquires regarding the City as Domestic Partnership Registration Program from other agencies, and the public. In an effort to better respond to often asked questions, we have included this **optional** questionnaire that will be separated from your name and used for statistical data only.

Description of Ethnic Categories:

African American: Not of Hispanic origin.

White: Not of Hispanic origin.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian/Pacific islander: All persons having origins in any of the original peoples of the far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example: China, Japan, Korea, and Samoa.

Native American/Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. Please identify which tribe with which you are affiliated.

Partner 1:

Male Female

Please check one item only for the racial/ethnic category you most closely identify with:

African American White Hispanic

Asian/Pacific Islander Native American/Alaskan Native

Other

Partner 2:

Male Female

Please check one item only for the racial/ethnic category you most closely identify with:

African American White Hispanic

Asian/Pacific Islander Native American/Alaskan Native

Other