

FOR OFFICE USE ONLY

Date: _____, 2023

Certificate No: **22**-_____

Domestic Partnership Application

PLEASE PRINT CLEARLY

Date: _____, 2023

Email Address: _____

Partner A

First Name

Last Name

Birth Year

Partner B

First Name

Last Name

Birth Year

Address

Street Address

City

State

Zip Code

What benefits will you gain from this registry?

- ☐ Personal or Public Affirmation of Our Committed Relationship
- ☐ Medical Benefits
- ☐ Other