

FOR OFFICE USE ONLY

Date: \_\_\_\_\_, 2021

Certificate No: **20-**\_\_\_\_\_

## Domestic Partnership Application

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**PLEASE PRINT CLEARLY**

Date: \_\_\_\_\_, 2021

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