

INSTRUCTIONS FOR FILING THE AFFIDAVIT OF DOMESTIC PARTNERSHIP

The Affidavit of Domestic Partnership Form may be used to establish a domestic partnership between 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:

- Each person must sign their respective signatures in the presence of the City Clerk Representative or Notary Public. The notarization should be presented to Clerk staff.
- Each person must print their names legibly. The names must be printed in the order requested: Last name, First name, Middle name
- A complete address is required (address, city, state, zip code). Print legibly. Do not abbreviate city name.

DOCUMENTS: Each partner must show proof of identity by presenting a valid government issued picture identification card. Also, you must provide a major utility bill (i.e. PG&E, East Bay MUD) in either person's name and bank statement (or different utility) in the other person's name. All documents must have the same address to which both parties are registering. PLEASE NOTE: You must live in Oakland (or work FOR the City of Oakland) to file for Domestic Partnership.

TWO WAYS TO OBTAIN CERTIFICATE:

To register in person (by appointment only, call (510) 238-3226 to schedule or schedule an appointment online at https://www.schedulicity.com/scheduling/OOT4RY), both partners must appear in person to the Office of the City Clerk located at: One Frank H. Ogawa, 2nd Floor, Room 201, Oakland. CA 94612.

OR

• To register by mail, both partners must appear before a Notary Public to sign the Affidavit of Domestic Partnership. The Affidavit is then forwarded, with the required fee and documents to:

The Office of the City Clerk
ATTN: Domestic Partnership Registration
One Frank H. Ogawa
2nd Floor, Room 201
Oakland, CA 94612

FEES: The non-refundable fee for filing Affidavit of Domestic Partnership is **<u>\$40.00</u>**. Acceptable methods of payment are cash, check, cashier check or money order. Checks, cashier checks and money orders should be made payable to: **City of Oakland**.

Failure to provide the required documentation may result in the rescheduling of your appointment or mail return of your documents.



CITY HALL

ONE FRANK H. OGAWA PLAZA

OAKLAND, CALIFORNIA 94612 (510) 238-3226 FAX (510) 238-6868

TDD: (510) 839-6451

Office of the City Clerk City Clerk and Clerk of the Council Certificate
Number:

AFFIDAVIT OF DOMESTIC PARTNERSHIP

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 is 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.

and correct to the best of our knowledge and belief. PARTNER 1				PARTNER 2		
(Print) Last	First	Middle	(Print) Last	First	Middle	
Signature of Partner as Stated Above			Signature of Partner as Stated Above			
Address		C	City	State	Zip Code	
Phone Number			Phone Number			
Witness Signature & D	ate (this section for C	ity Clerk Representat		ng this affidavit t ease have notariz		
Affidavit of Domest State of California, Coun	•					
On	, before me,		Notary Public, personally appeared			
	e within instrument I capacity(ies), and rument the person(son(s) acted, execu	and acknowledge that by his/her/th s), or the entity u	pon			
			[PLACE NO	OTARY PUBLIC SEAL HERE]	
Signature of Notary P	ublic			Date		



Optional Questionnaire for Domestic Partnership

APPLICANTS: We receive many inquiries regarding the City's 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	Partner 2		
Please check one only for the racial/ethnic category you most closely identify with:	Please check one only for the racial/ethnic category you most closely identify with:		
☐ African American	☐ African American		
☐ White	☐ White		
☐ Hispanic	☐ Hispanic		
☐ Asian/Pacific Islander	\square Asian/Pacific Islander		
\square Native American/Alaskan Native	\square Native American/Alaskan Native		
☐ Other	□ Other		