



# State of California Secretary of State

FILE NO: \_\_\_\_\_

## DECLARATION OF DOMESTIC PARTNERSHIP

(Please read instructions on reverse side before completing form.)

We the undersigned, do declare that we meet the requirements of Family Code section 297, as follows:

- Both persons have a common residence.
- Neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.
- Both persons are not related by blood in a way that would prevent them from being married to each other in this state.
- Both persons are at least 18 years of age.
- Both persons are members of the same sex, **OR**  
One or both of the persons of opposite sex are over the age of 62 and meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C. section 402(a) for old-age insurance benefits or Title XVI of the Social Security Act as defined in 42 U.S.C. section 1381 for aged individuals.
- Both persons are capable of consenting to the domestic partnership.
- Both persons consent to the jurisdiction of the Superior Courts of California for the purpose of a proceeding to obtain a judgment of dissolution or nullity of the domestic partnership or for legal separation of partners in the domestic partnership, or for any other proceeding related to the partners' rights and obligations, even if one or both partners ceases to be a resident of, or to maintain a domicile in, this state.

This Space For Filing Use Only

The representations are true and correct, and contain no material omissions of fact to the best of our knowledge and belief.

_____ Signature	_____ (Last)	_____ (First)	_____ (Middle)
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_____ Signature	_____ (Last)	_____ (First)	_____ (Middle)
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_____ Mailing Address	_____ City	_____ State	_____ Zip Code
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E-Mail Address(es) (optional)

### NOTARIZATION IS REQUIRED

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]

## INSTRUCTIONS FOR COMPLETING THE DECLARATION OF DOMESTIC PARTNERSHIP (FORM NP/SF DP-1)

For easier completion, this form is available on the Secretary of State's website at <http://www.ss.ca.gov/dpreistry> 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. This form should not be altered.

Statutory filing provisions are found in California Family Code sections [297](#) and [298](#). All statutory references are to the California Family Code, unless otherwise stated.

The Declaration of Domestic Partnership form may be used to establish a domestic partnership of two persons meeting the requirements of Section 297 (as stated on the front of the form). A copy of the declaration and a Certificate of Registration of Domestic Partnership will be returned to the partners after the declaration is filed. Note: Filing an intentionally and materially false Declaration of Domestic Partnership shall be punishable as a misdemeanor. (Section [298\(c\)](#).)

Complete the Declaration of Domestic Partnership (Form NP/SF DP-1) as follows:

- Both persons must sign and affix their signatures to the same Declaration of Domestic Partnership form.
- Both persons must print their names legibly. The names must be printed in the order requested: Last name, First name, Middle name. If there is a suffix, i.e. Jr., Sr., etc., include this as part of the last name.
- A complete mailing address is required (address, city, state, zip code). Print legibly. Do not abbreviate city names.
- The signatures of both persons must be notarized with a certificate of acknowledgment.

The completed form can be mailed to Secretary of State, Domestic Partners Registry, P.O. Box 942877, Sacramento, CA 94277-0001 OR delivered in person to the Sacramento office, 1500 11<sup>th</sup> Street, 2<sup>nd</sup> Floor, Sacramento, CA 95814 or to any of the regional offices located in Fresno, Los Angeles, San Diego, and San Francisco. Note: The regional offices are only able to process documents delivered in person. Please refer to the Secretary of State's website at <http://www.ss.ca.gov/dpreistry> for regional office locations and addresses.

**FEES:** The fee for filing Form NP/SF DP-1 is \$10.00. For same-sex partners, an additional \$23.00 fee must be paid at the time of filing the form, for a total of \$33.00. There is an additional \$15.00 special handling fee for processing a document delivered in person to the Sacramento office or any of the regional offices located in Fresno, Los Angeles, San Diego, and San Francisco. Checks or money orders should be made payable to the Secretary of State.

Payments for documents submitted:

- by mail to Sacramento can be made by check or money order.
- over-the-counter in Sacramento can be made by check, money order, cash, or credit card (Visa or MasterCard).
- over-the-counter in any of the four regional offices can be made by check or money order. Regional offices are not able to accept cash or credit cards.

The additional \$23.00 fee will be used to develop and support a training curriculum specific to lesbian, gay, bisexual, and transgender domestic abuse support service providers who serve that community in regard to domestic violence, and to provide brochures specific to lesbian, gay, bisexual, and transgender domestic abuse. Brochures developed by the Department of Health Services will be available upon request from the Secretary of State, as funding allows. (Sections [298](#), [298.5](#) and [358](#).)