



**CITY & COUNTY OF SAN FRANCISCO**  
**DECLARATION OF DOMESTIC PARTNERSHIP** (S.F. Admin. Code Ch. 62)

**We declare under penalty of perjury:**

1. We have an intimate, committed relationship of mutual caring;
2. We live together ("**Live together**" means that the two of you share a place to live. You don't both have to be on the rental agreement or deed. It is okay if one or both of you has a separate place somewhere else. Even if one of you leaves the place you share, you still live together as long as the one who left intends to return.);
3. We agree to be responsible for each other's basic living expenses during our domestic partnership; we also agree that anyone who is owed these expenses can collect from either of us ("**Basic living expenses**" means the cost of basic food and shelter. It also includes any other expense that is paid by a benefit you or your partner gets because of the partnership. For example, if you get health insurance from your job, and the insurance covers your partner, you will be responsible for medical bills that the insurance does not pay. You don't have to split basic living expenses to be domestic partners. You just have to agree to provide these things for your partner if he or she can't provide for him or herself.);
4. We are both 18 years of age or older;
5. Neither of us is married;
6. Neither of us is related to the other as a parent, brother or sister, half brother or half sister, niece, nephew, aunt, uncle, grandparent or grandchild; and
7. Neither of us has a domestic partner now.

**We declare under penalty of perjury under the laws of the State of California that the statements above are true and correct.**

Signed on \_\_\_\_\_, \_\_\_\_\_ in \_\_\_\_\_  
(Date) (City)

Signature \_\_\_\_\_ Print Full Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Signed on \_\_\_\_\_, \_\_\_\_\_ in \_\_\_\_\_  
(Date) (City)

Signature \_\_\_\_\_ Print Full Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

**The Last Step:** To register a domestic partnership:

- (1) Both parties **MUST** appear in person with valid legal photo identification at the Office of the San Francisco County Clerk and pay the appropriate fee; **OR**
- (2) Complete and sign the form on next page in front of a Notary Public and have the Notary fill in the notarization at the bottom of the page. (DO NOT send to the County Clerk if notarized.)



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Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

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(Date) (City)

Signature \_\_\_\_\_ Print Full Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

**NOTARIZATION IS REQUIRED**

State of California  
County of \_\_\_\_\_

On , before me, \_\_\_\_\_, Notary Public, personally appeared

\_\_\_\_\_ and \_\_\_\_\_,

who 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public

[SEAL]