



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 **\$40.00**. 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.



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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Partner 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Please check one only for the racial/ethnic category you most closely identify with: <ul style="list-style-type: none"> <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other 	Please check one only for the racial/ethnic category you most closely identify with: <ul style="list-style-type: none"> <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other