



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 the 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, including IDs, 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. If you work for the City of Oakland and do not live in Oakland, you will need to provide proof of employment (pay stub or City of Oakland ID card).

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 return of your documents by mail.



CITY HALL

ONE FRANK H. OGAWA PLAZA

OAKLAND, CALIFORNIA 94612

(510) 238-3226

Office of the City Clerk

Certificate Number:

[Empty box for Certificate Number]

City Clerk and Clerk of the Council

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.

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

City

State

Zip Code

Phone Number

Phone Number

Witness Signature & Date (this section for City Clerk Representative ONLY)

If mailing this affidavit to the Clerk's Office, please have notarized (see below).

Affidavit of Domestic Partnership Notarization

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.

[PLACE NOTARY PUBLIC SEAL HERE]

Signature of Notary Public

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 <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