



CITY OF FLAGSTAFF

DECLARATION OF DOMESTIC PARTNERSHIP AND

APPLICATION FOR DOMESTIC PARTNERSHIP REGISTRATION

We, the undersigned, under penalty of perjury, declare that we are in a relationship of mutual support, caring, and commitment; that we mutually contribute to each other's support and maintenance and are responsible for each other's welfare. We further affirm that we meet the criteria for domestic partnership registration as follows:

- 1. We reside in the City of Flagstaff.
2. We share a common primary residence.
3. We are in a relationship of mutual support, caring and commitment with each other and share responsibility for each other's common welfare.
4. Neither of us is part of an existing domestic partnership, civil union, or marriage with any third party.
5. We are 18 years of age or older; and competent to enter into a contract.
6. We are not related to one another by blood closer than would bar marriage in the State of Arizona.

Form fields for Last, First, M.I., and DOB for two individuals.

Mailing Address

Signature lines for two individuals.

STATE OF ARIZONA, )
: ss.
COUNTY OF COCONINO )

On this \_\_\_ day of \_\_\_, \_\_\_, personally appeared, \_\_\_ and \_\_\_ who acknowledged to me that they executed the above instrument.

Notary Public in and for said County and State

Date of Application: \_\_\_\_\_

ID Type Provided \_\_\_\_\_

Registry Fee Paid \_\_\_\_\_

Registry Number: \_\_\_\_\_