



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.

Last First M.I.

Last First M.I.

DOB::

DOB::

Signature

Signature

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: _____