



# State of California

## Bill Jones

### Secretary of State

FILE NO: \_\_\_\_\_

(Office Use Only)

#### DECLARATION OF DOMESTIC PARTNERSHIP

(Family Code Section 298)

**Instructions:**

1. Complete and mail to: Secretary of State, P.O. Box 944225, Sacramento, CA 94244-2250 (916) 653-4984
2. Include filing fee of \$10.00. Make check payable to Secretary of State.

**We the undersigned, do declare that we meet the requirements of Section 297 at this time:**

We share a common residence;  
 We agree to be jointly responsible for each other's basic living expenses incurred during our domestic partnership;  
 Neither of us is married or a member of another domestic partnership;  
 We are not related by blood in a way that would prevent us from being married to each other in this state;  
 We are both at least 18 years of age;  
 We are both members of the same sex or we are both over the age of 62 and meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C. Section 402(a) for old-age insurance benefits or Title XVI of the Social Security Act as defined in 42 U.S.C Section 1381 for aged individuals;  
 We are both capable of consenting to the domestic partnership;  
 Neither of us has previously filed a Declaration of Domestic Partnership with the Secretary of State pursuant to Division 2.5 of the Family Code that has not been terminated under Section 299 of the Family Code.

**The representations herein are true, correct and contain no material omissions of fact to our best knowledge and belief. Sign and print complete name (if not printed legibly, application will be rejected.) Signatures of both partners must be notarized.**

\_\_\_\_\_  
 Signature (Last) (First) (Middle)

\_\_\_\_\_  
 Signature (Last) (First) (Middle)

\_\_\_\_\_  
 Common Residence Address City State Zip Code

\_\_\_\_\_  
 Mailing Address City State Zip Code

**NOTARIZATION IS REQUIRED**  
 State of California  
 County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, personally  
 appeared \_\_\_\_\_  
 personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) 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) executed the instrument.

\_\_\_\_\_  
 Signature of Notary Public [PLACE NOTARY SEAL HERE]