



This Box For Office Use Only

# Declaration of State Registered Domestic Partnership

See attached detailed instructions

- Filing Fee \$50.00
- Filing Fee with Expedited Service \$100.00

Registration # \_\_\_\_\_

## DOMESTIC PARTNERSHIP DECLARATION

Chapter 26.60 RCW

### PARTNER 1

**Name:** \_\_\_\_\_

First
Middle
Last

**Place of Birth:** \_\_\_\_\_

City
State
Country

Date of Birth: \_\_\_\_\_

### PARTNER 2

**Name:** \_\_\_\_\_

First
Middle
Last

**Place of Birth:** \_\_\_\_\_

City
State
Country

Date of Birth: \_\_\_\_\_

### ADDRESS

**Mailing or Postal Address (optional):**

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Street Address:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

# Declaration of State Registered Domestic Partnership

### Important information:

Registration of a domestic partnership may affect property and inheritance rights and is not a substitute for a will, deed, or partnership agreement. Any rights conferred by this registration may be superseded by a will, deed, or other instrument signed by either party to this domestic partnership registration.

Records of State Registered Domestic Partnerships are public and will be disclosed on request. Information about State Registered Domestic Partnerships will be shared with the Washington State Department of Health.

_____ Partner 1 Name (Print)	_____ Partner 2 Name (Print)
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We declare that we meet the requirements for registration of a domestic partnership pursuant to Chapter 26.60 RCW, and that:

- We share a common residence;
- We are both at least eighteen (18) years of age;
- Neither partner is married to anyone else, or in a state registered domestic partnership with any other person;
- We are both capable of consenting to this domestic partnership;
- We are not of any relation to each other nearer than second cousin and neither partner is a sibling, child, grandchild, aunt, uncle, niece or nephew to the other;
- **We are either both of the same sex or one of us is at least 62 years of age**

These representations are true and correct, and contain no material omissions of fact to the best of our knowledge and belief.

X  
\_\_\_\_\_  
**Partner 1 (Signature)**

State of Washington  
County of \_\_\_\_\_

Signed and affirmed before me on \_\_\_\_\_

By Partner 1 (print name) \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

Notary seal

X  
\_\_\_\_\_  
**Partner 2 (Signature)**

State of Washington  
County of \_\_\_\_\_

Signed and affirmed before me on \_\_\_\_\_

By Partner 2 (print name) \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

Notary seal

# **INSTRUCTIONS - Declaration of State Registered Domestic Partnership**

Complete all sections. **USE DARK INK ONLY**

## **Partner 1**

Complete the name, place of birth, and date of birth portion of the Declaration of State Registered Domestic Partnership.

## **Partner 2**

Complete the name, place of birth, and date of birth portion of the Declaration of State Registered Domestic Partnership.

## **Address**

Complete the street address portion of the form. You may also provide an additional mailing or postal address if different than your street address.

## **Declaration**

Both partners must sign this section. A notary is **required** for each partner's signature. The form provides space for a separate notarization allowing partners to sign at different times or places.

## **Additional Information**

At the time of filing, the Corporations Division will provide each partner with one original certificate of State Registered Domestic Partnership and one wallet card showing registration of the State registered Domestic Partnership. After the date of filing, additional certificates are available from the Corporations Division for a fee of \$5.00 each. Replacement wallet cards are available for a fee of \$10.00 each.

**Fees:** The filing fee for Declaration of State Registered Domestic Partnership is \$50.00. Make the checks or money orders payable to "Secretary of State." If expedited service is requested then include an additional \$50.00 and write "EXPEDITE" on the outside of the envelope. **(ALL fees are non-refundable)**

## **Mail completed forms and payment to:**

Secretary of State  
Corporation Division  
801 Capitol Way S  
PO Box 40234  
Olympia WA 98504-0234

If you have questions, need assistance, or would like to provide feedback please visit the Corporations Division website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps) or call 360-725-0377.