



STATE OF WASHINGTON
SECRETARY OF STATE

This Box For Office Use Only

Domestic Partnership Statement of Change

See attached detailed instructions

- Name Change of Partner (no fee)
- Address Change of Partnership (no fee)
- Termination of Partnership (By Reason of Death)

Registration # _____

DOMESTIC PARTNERSHIP STATEMENT OF CHANGE

Chapter 26.60 RCW

I request a replacement wallet card(s) for \$10 each after the Statement of Change has been filed
 Quantity of Replacement Cards= _____ @ \$10 each = \$ _____

I request a new certificate(s) for \$5 each after the Statement of Change has been filed
 Quantity of New Certificates= _____ @ \$5 each = \$ _____

Total payment amount enclosed is \$ _____

- PARTNER 1 (original name registered) -

Name: _____
 First Middle Last

Place of Birth: _____
 City State Country

Date of Birth: _____

***NEW* NAME TO BE REGISTERED**

Name: _____
 First Middle Last

- PARTNER 2 (original name registered) -

Name: _____
 First Middle Last

Place of Birth: _____
 City State Country

Date of Birth: _____

***NEW* NAME TO BE REGISTERED**

Name: _____
 First Middle Last

(CONTINUED on page 2)

- PARTNERSHIP ADDRESS AS CURRENTLY REGISTERED -

Street Address: _____

City _____ State _____ Zip Code _____

***NEW* ADDRESS TO BE REGISTERED**

Street Address: _____

City _____ State _____ Zip Code _____

SIGNATURES

This document is to the best of my knowledge, true and correct.

X _____
Signature of Partner 1 Printed Name Date Phone

X _____
Signature of Partner 2 Printed Name Date Phone

INSTRUCTIONS - DOMESTIC PARTNERSHIP STATEMENT OF CHANGE

USE DARK INK ONLY. Fill out the form completely.

- Select all filing options that apply using the top left section of the form.
- List the Partnership Registration Number as recorded with the Secretary of State, in the box provided on the top right section of the form.
- **NOTE: Termination of Partnership** (By Reason of Death) must be accompanied by a death certificate copy (certified copies are not necessary). There is no filing fee for a Termination of Partnership (By Reason of Death). You may mark the selection, complete the Partnership Registration number, attach the death certificate, and sign at the space provided on the form.

Partner 1 (for name and/or address change)

Complete the name, place of birth, date of birth, current and/or new address of the Domestic Partnership.

Partner 2 (for name and/or address change)

Complete the name, place of birth, date of birth, current and/or new address of the Domestic Partnership.

Signature

The form provides space for partners to sign. A notarized signature **is not** required for either partner to file the Domestic Partnership Statement of Change.

Additional Information

After the date of filing, new 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. If you wish to order new cards or certificates using this form, please mark the section at the beginning of the form and enclose the appropriate fee.

Fees: There is **NO** filing fee for Domestic Partnership Statement of Change. If you are ordering replacement wallet cards or new certificates, please make the checks or money orders payable to "Secretary of State."

Mail completed forms and payment to:

Secretary of State, Corporations and Charities 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 or call 360-725-0377.