# CITY OF OAKLAND



#### INSTRUCTIONS FOR FILING THE AFFIDAVIT OF DOMESTIC PARTNERSHIP

For easier completion, this form is available on the City Clerk's website at <u>http://www.oaklandnet.com/government/city\_clerk/domestic.html</u> and can be viewed, completed and printed from your computer. If you are not completing this form online, please type or legibly print in black or blue ink.

The Affidavit of Domestic Partnership Form may be used to establish a domestic partnership between two persons meeting the requirements as stated on the front of the form. A Certificate of Registration of Domestic Partnership will be issued to the partners after the affidavit is filed.

Complete the Affidavit of Domestic Partnership Form as follows:

- Each person must sign their respective signatures in the presence of the City Clerk Representative or Notary Public. The notarization should be presented to Clerk staff.
- Each person must print their names legibly. The names must be printed in the order requested: Last name, First name, Middle name
- A complete address is required (address, city, state, zip code). Print legibly. Do not abbreviate city name.

**DOCUMENTS**: Each partner must show proof of identity by presenting a valid government issued picture identification card. Also, you must provide a major utility bill (i.e. PG&E, East Bay MUD) in either person's name and bank statement (or different utility) in the other person's name. All documents must have the same address to which both parties are registering. PLEASE NOTE: You must live in Oakland (or work FOR the City of Oakland) to file for Domestic Partnership.

### TWO WAYS TO OBTAIN CERTIFICATE:

 To register in person (by appointment only, call (510) 238-3226 to schedule), both partners must appear in person to the Office of the City Clerk located at: One Frank H. Ogawa, 2<sup>nd</sup> Floor, Room 201, Oakland, CA 94612.

#### OR

• To register by mail, both partners must appear before a Notary Public to sign the Affidavit of Domestic Partnership. The Affidavit is then forwarded, with the required fee and documents to:

### The Office of the City Clerk ATTN: Domestic Partnership Registration One Frank H. Ogawa 2<sup>nd</sup> Floor, Room 201 Oakland, CA 94612

**FEES**: The non-refundable fee for filing Affidavit of Domestic Partnership is <u>\$40.00</u>. Acceptable methods of payment are cash, check, cashier check or money order. Checks, cashier checks and money orders should be made payable to: **City of Oakland**.

Failure to provide the required documentation may result in the rescheduling of your appointment or mail return of your documents.

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CITY HALL C	NE FRANK H. OGAWA PLA	ZA	OAKLAND, CALIF	ORNIA 94612	
	Certificate			(510) 238-3226	
Office of the City Clerk	Niversite and			(510) 238-6868	
City Clerk and Clerk of the Counci			וטט:	(510) 839-6451	
	AFFIDAVIT OF DOMES	TIC PARTNERS	<u>SHIP</u>		
relationship of mutual cariı ✓ We live together;	of age and have chosen to s ng;				
<ul> <li>✓ We are jointly responsible for basic living expenses which we incur during the domestic partnership;</li> <li>✓ One of us is an employee of the City of Oakland, or both of us reside together within the city limits;</li> </ul>					
	nor are we related to each ot				
California;				9	
-	erent domestic partner less t	han six months	prior to signing this A	Affidavit;	
	of any changes in the status	•			
We declare under penalty of perj		e State of Califo	ornia that the stateme	ents herein are true	
and correct to the best of our kno PARTNER 1	PARTNER 2				
(Print) Last Fi	rst Middle	(Print) Last	First	Middle	
Signature of Partner as Stated Above Signature of Partner as Stated Above				tated Above	
Address	City	1	State	Zip Code	
Phone Number		Phone Number			
Witness Signature & Date (this s	ection for City Clerk Representative		mailing this affidavit e, please have notari		
Affidavit of Domestic Partn State of California, County of	•				
On, befor	e me,	Not	ary Public, personally a	ppeared	
personally known to me (or provised to the within it his/her/their authorized capacity signature(s) on the instrument the behalf of which the person(s) activities WITNESS my hand and office	nstrument and acknowledged y(ies), and that by his/her/their he person(s), or the entity upor ted, executed the instrument.	to me that he/sh		ime in	
Signature of Notary Public			Date		

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## CITY OF OAKLAND



## **Optional Questionnaire for Domestic Partnership**

**APPLICANTS:** We receive many inquiries regarding the City's Domestic Partnership Registration Program from other agencies and the public. In an effort to better respond to often asked questions, we have included this **optional** questionnaire that will be separated from your name and used for statistical data only.

#### Description of Ethnic Categories:

- African American: Not of Hispanic origin.
- *White*: Not of Hispanic origin.
- *Hispanic*: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- **Asian/Pacific Islander**: All persons having origins in any of the original peoples of the far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example: China, Japan, Korea, and Samoa.
- **Native American/Alaskan Native**: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. Please identify which tribe with which you are affiliated.

Partner 1 🛛 🗆 Male 🗆 Female	Partner 2		
Please check one only for the racial/ethnic category you most closely identify with:	Please check one only for the racial/ethnic category you most closely identify with:		
🗆 African American	🗆 African American		
$\Box$ White	□ White		
🗆 Hispanic	Hispanic		
Asian/Pacific Islander	Asian/Pacific Islander		
Native American/Alaskan Native	Native American/Alaskan Native		
□ Other	□ Other		