

Record/Return to:  
City Clerk's Office  
City of Tavares  
201 E. Main Street  
Tavares, FL 32778

DOMESTIC REGISTRY NO.



**CITY OF TAVARES**  
**201 E. MAIN STREET, TAVARES, FL 32778**  
**DOMESTIC PARTNERSHIP REGISTRATION AFFIDAVIT**  
**City of Tavares Ordinance 2013-01**

**Instructions:**

Both partners must come in person to complete and submit this affidavit to the City Clerk's Office at the address above. A filing fee of \$50.00 plus recording costs in the amount of \$18.50 is required and must be remitted at the time of application. Make check payable to the City of Tavares.

**We, the undersigned co-applicants, do declare that we meet the requirements of Chapter 2, Section 1 of the City of Tavares Code of Ordinances and agree to the following statements:**

- Each person is at least eighteen (18) years old and competent to contract;
- Neither person is currently married under Florida law or is a partner in a domestic partnership relationship or a member of civil union with anyone other than the co-applicant;
- Each person considers himself or herself to be a member of the immediate family of the other partner and to be jointly responsible for maintaining and supporting the registered domestic partnership;
- The partners reside in a mutual residence;
- Each person agrees to immediately notify the City Clerk, in writing, if the terms of the Registered Domestic Partnership are no longer applicable or one (1) of the domestic partners wishes to terminate the domestic partnership; and
- Each person expressly declares their desire and intent to designate their domestic partner as their healthcare surrogate and as their agent to direct the disposition of their body for funeral and burial.

**Do you or your domestic partner claim any exemption to public record disclosure pursuant to Section 119 Florida Statutes?** ☐ Yes ☐ No **If "yes," submit a detailed explanation of exemption (may use separate page if needed).** \_\_\_\_\_

**List the name(s) of any dependent(s) that reside(s) within the household of the co-applicants who are: 1) a biological, adopted or foster child of a registered Domestic Partner; or 2) a dependent as defined under IRS regulations; or 3) a ward of a registered Domestic Partner as determined in a guardianship or other legal proceeding.**

**List Dependents:**

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*(If the above is left blank, it would be automatically assumed that there are NO dependents.)*

**We understand that this affidavit form and our Domestic Partnership registration information is a public record under Florida law. We understand that the City Clerk is responsible for maintaining the registry including recording in the public record a copy of this affidavit listing us as Registered Domestic Partners. We understand that the City Clerk will make her best efforts to ensure that the public record database is supplied with up-to-date information, but WE AFFIRMATIVELY HOLD THE CITY OF TAVARES HARMLESS FROM ANY MISTAKES OR**

**DELAYS IN POSTING UP-TO-DATE INFORMATION. We swear or affirm under penalty of perjury that the statements and information provided on this application are true and correct.**

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, Tavares, Florida.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Printed Name of Applicant*

\_\_\_\_\_  
*Printed Name of Applicant*

**Applicants' Mutual Address:**

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

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Witness #1

\_\_\_\_\_  
*Signature of Witness #1*

\_\_\_\_\_  
*Signature of Witness #1*

\_\_\_\_\_  
*Printed Name of Witness #1*

\_\_\_\_\_  
*Printed Name of Witness #1*

\_\_\_\_\_  
*Address of Witness #1*

\_\_\_\_\_  
*Address of Witness #1*

Witness #2

\_\_\_\_\_  
*Signature of Witness #2*

\_\_\_\_\_  
*Signature of Witness #2*

\_\_\_\_\_  
*Printed Name of Witness #2*

\_\_\_\_\_  
*Printed Name of Witness #2*

\_\_\_\_\_  
*Address of Witness #2*

\_\_\_\_\_  
*Address of Witness #2*

*State of Florida*

*County of Lake*

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by  
\_\_\_\_\_ and \_\_\_\_\_ who is personally known \_\_\_\_\_ or  
produced identification \_\_\_\_\_.

\_\_\_\_\_  
*(Signature of Notary)*