



REGISTRATION OF DOMESTIC PARTNERSHIP

City of Olympia, Washington

Applicant One:

Name (First, Middle Initial, Last)			
Address (Street)	(City)	(State)	(Zip Code)
Phone	Email		

Applicant Two:

Name (First, Middle Initial, Last)	
Phone	Email

We are in a relationship of mutual support, caring and commitment and share the same residence.

We are not related by blood closer than would bar marriage in the State of Washington.

We are each other's sole domestic partner.

We are both at least 18 years of age.

WE, THE UNDERSIGNED, CONSIDER OURSELVES TO BE DOMESTIC PARTNERS AS DESCRIBED ABOVE, AND WISH TO REGISTER OUR DOMESTIC PARTNERSHIP WITH THE CITY OF OLYMPIA, CITY CLERK'S OFFICE, PURSUANT TO CITY COUNCIL ORDINANCES NO. 5982 & 5988, AND REQUEST THAT THE CITY CLERK'S OFFICE ISSUE TO US A CERTIFICATE OF REGISTRATION OF DOMESTIC PARTNERSHIP.

- We understand that the Registration of Domestic Partnership is not a marriage certificate.
- We understand that the Registration of Domestic Partnership does not afford our relationship any new or different legal status.
- We understand that neither this Application nor the Registration is intended to create any new or different legal rights or responsibilities.
- We understand that neither this Application nor the Registration is intended to either establish or evidence any contractual relationship or contractual obligations between us.
- We understand that this Application for Registration of Domestic Partnership and a Registration of Domestic Partnership issued by the City Clerk's Office are public records (pursuant to RCW 42.17). However, participants have the option to not formally file the registration application with the City Clerk's office and retain the certificate for their own records.
- We affirm the above information is true and correct.

Applicant One:

Applicant Two:

SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20 _____

(Notary Public)

MY
COMMISSION
EXPIRES:

SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20 _____

(Notary Public)

MY
COMMISSION
EXPIRES:

FOR OFFICE USE ONLY	
DATE PMT REC'D (\$25):	DATE CERTIFICATE MAILED:

Mail Original Completed Application Form with \$25 Registration Fee to:
 City Clerk, DPR Program
 PO Box 1967
 Olympia, WA 98507