

The County of Volusia Treasury and Billing Division

treasury@volusia.org

125 West New York Ave Room 120
DeLand, FL 32720

COUNTY OF VOLUSIA DOMESTIC PARTNERSHIP REGISTRATION AFFIDAVIT

Chapter 41 of the Code of Ordinances of the County of Volusia

Instructions: Both partners must come in person to the Treasury and Billing Division listed above to complete and submit a registration affidavit. A filing fee of \$50.00 is required and must be remitted at the time of registration. Make check payable to the County of Volusia.

We, the undersigned co-applicants, do declare that we meet the requirements of Chapter 41 of the Code of Ordinances of the County of Volusia, and agree to the following statements:

Initials of partners:	Statements preceded by an asterisk (*) are required, and must be initialed by both partners.	Certificate # _____
_____	*I am at least eighteen (18) years old and competent to contract.	
_____	*I am not currently married under Florida law, nor am I a partner in a domestic partnership relationship or a member of civil union in any jurisdiction with anyone other than the co-applicant.	
_____	*I am not related to the co-applicant by blood as defined in Florida law.	
_____	*I consider myself to be a in a committed domestic relationship with the co-applicant and I am jointly responsible for supporting the registered Domestic Partnership.	
_____	*I enter into this domestic partnership without the influence of force, duress or fraud.	
_____	*I will immediately notify the County Clerk, in writing, if the terms of the registered domestic partnership are no longer applicable or if one of the domestic partners wishes to terminate the domestic partnership.	
_____	In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, in accordance with Sections 765.202 and 765.203, Florida Statutes, I designate the co-applicant as my surrogate for health care decisions and as the personal representative for purposes of allowing disclosure of my health care records pursuant to the federal HIPAA Privacy Rule. I fully understand that this designation will permit the co-applicant to make health care decisions and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility. I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility.	
_____	I hereby declare the co-applicant as a pre-need guardian, and express my desire that he or she be my guardian with regard to my person and property, in the event I am incapacitated.	
_____	I designate the co-applicant as my agent and the legally authorized person, as that term is defined in Section 497.005, Florida Statutes, to direct the disposition of my body for funeral arrangements and burial or cremation.	

List the name(s) of any dependent(s) that reside(s) within the mutual household of co-applicants who is (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: _____

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

Certificate # _____

WE UNDERSTAND THAT THIS AFFIDAVIT FORM AND OUR DOMESTIC PARTNERSHIP REGISTRATION INFORMATION IS A PUBLIC RECORD UNDER FLORIDA LAW. WE UNDERSTAND THAT THE TREASURY AND BILLING DIVISION IS RESPONSIBLE FOR MAINTAINING THE DOMESTIC PARTNERSHIP REGISTRY. WE UNDERSTAND THIS AFFIDAVIT DOES NOT CONSTITUTE A "LIVING WILL" AS THAT TERM IS DEFINED IN SECTION 765.101, FLORIDA STATUTES. WE UNDERSTAND THAT THE COUNTY CLERK WILL MAKE HIS OR HER BEST EFFORTS TO ENSURE THAT THE ON-LINE LIST OF REGISTERED DOMESTIC PARTNERS IS UP-TO-DATE, BUT WE HOLD THE COUNTY OF VOLUSIA HARMLESS FROM ANY MISTAKES OR DELAYS IN POSTING UP-TO-DATE INFORMATION ON ITS WEBSITE OR IN ANY OTHER FORUM. WE ACKNOWLEDGE THAT IT IS OUR DUTY TO KEEP DOMESTIC PARTNERSHIP DOCUMENTATION ON OUR PERSON AT ALL TIMES AND PROVIDE THE TREASURY AND BILLING DIVISION WITH UP-TO-DATE INFORMATION CONCERNING THE STATUS OF OUR DOMESTIC PARTNERSHIP.

We swear or affirm under penalty of perjury that the statements and information provided on this application above are true and correct.

Signed on _____, 20__ in _____, Florida.

Two Witnesses for Each Applicant Signature (may not be blood relatives of applicants)

Signature of Applicant
Print Name: _____
Address: _____

Signature of Witness
Print Name: _____

Signature of Witness
Print Name: _____

Signature of Applicant
Print Name: _____
Address: _____

Signature of Witness
Print Name: _____

Signature of Witness
Print Name: _____

Notarization of both signatures: (Required)

State of Florida)
County of Volusia)

Sworn to and subscribed before me this ____ day of _____, 20__ by _____ and _____ who are personally known _____ or produced identification _____.

Signature of Notary Public

Notary Public - State of Florida
(SEAL)

(Print, Type or Stamp Name)
Personally Known ____ OR Produced ID ____
If Produced ID, Type: _____
Commission No.: _____