

**Record and Return to:**  
 City Clerk  
 City of Orlando  
 400 S. Orange Avenue  
 Orlando, Florida 32801

**CITY OF ORLANDO DOMESTIC PARTNERSHIP REGISTRATION AFFIDAVIT**

Article VI – Chapter 57 of the Orlando City Code  
 City Clerk’s Office, 400 S. Orange Avenue, 2<sup>nd</sup> Floor, Orlando, Florida 32801  
 Phone: 407-246-2251, email: [cityclerk@orlando.gov](mailto:cityclerk@orlando.gov)  
 Office Hours: Monday through Friday from 8:30 a.m. to 4:00 p.m.

(For Orange County Comptroller Use Only)

**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 \$30.00 is required and must be remitted at the time of application. Make check payable to the City of Orlando. **We, the undersigned co-applicants, do declare that we meet the requirements of Section 57.81 of the Orlando City Code and agree to the following statements:**

Initials of partners: ____	
____	*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 with anyone other than the co-applicant.
____	*I am not related to my co-applicant by blood as defined in Florida law.
____	*I consider myself to be a member of the immediate family of the co-applicant and I am jointly responsible for maintaining and supporting the registered Domestic Partnership.
____	*I reside in a mutual residence with the co-applicant.
____	*I will immediately notify the City Clerk, in writing, if the terms of the registered Domestic Partnership are no longer applicable or if one of the domestic partners wishes to terminate the domestic partnership.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, I designate the co-applicant as my surrogate for health care decisions. 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 designate the co-applicant as my agent to direct the disposition of my body for funeral and burial.

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.)

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 on-line database is supplied with up-to-date information, but WE AFFIRMATIVELY HOLD THE CITY OF ORLANDO HARMLESS FROM ANY MISTAKES OR DELAYS IN POSTING UP-TO-DATE INFORMATION ON THE ON-LINE DATABASE. We swear or affirm under penalty of perjury that the statements and information provided on this application above are true and correct.

Signed this \_\_\_\_ day of \_\_\_\_\_, 2025, in Orlando, Florida.

Witnesses (may not be blood relatives of applicants)

\_\_\_\_\_  
 Signature of Applicant  
 Print Name: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Witness  
 \_\_\_\_\_  
 Signature of Witness

\_\_\_\_\_  
 Printed Name of Witness  
 \_\_\_\_\_  
 Printed Name of Witness

\_\_\_\_\_  
 Signature of Applicant  
 Print Name: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Witness  
 \_\_\_\_\_  
 Signature of Witness

\_\_\_\_\_  
 Printed Name of Witness  
 \_\_\_\_\_  
 Printed Name of Witness

**Notarization of both Applicant signatures: (Required)**

State of Florida)  
 County of Orange)

Sworn to and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, 2025, by \_\_\_\_\_ and \_\_\_\_\_, who are personally known \_\_\_\_\_ or produced identification \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Notary Public

\_\_\_\_\_  
 Name of Notary Public

(Insert Notary Stamp)

For Clerk’s Use Only;  
 Registration # DPR 2025- \_\_\_\_\_  
 Date of Amendments/Termination  
 \_\_\_\_\_