

**HILLSBOROUGH COUNTY AND CITY OF TAMPA
AMENDMENT OF DOMESTIC PARTNERSHIP OR HEALTH, EDUCATION & LIFE PLANNING (HELP) AFFIDAVIT**

The partners or affiants to the registered Domestic Partnership or HELP Affidavit swear or affirm under penalty of perjury that:

Affiant Registration Number _____ between _____ and _____ is hereby amended in order to reflect a change in:

1. The legal name of a domestic partner or affiant has changed as follows:
_____ (Name change) or

2. The list of dependents has changed as follows:

(List all current dependents of the Domestic Partnership.)

Signature of Domestic Partner/Affiant

Signature of Domestic Partner/Affiant

Print Name

Print Name

Date of Birth

Date of Birth

(Notarization Required)

State of _____
County of _____

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

Signature of Notary Public

(Seal)

A filing fee of \$25 is required and must be remitted to the Clerk of the Circuit Court at the time of filing this Amendment. If filing by mail, applicant must provide return address.

Name	
Address	
City, State, Zip	