

HILLSBOROUGH COUNTY AND CITY OF TAMPA DOMESTIC PARTNERSHIP REGISTRATION AFFIDAVIT AND INSTRUCTIONS:

Review the Domestic Partnership Registration (DPR) Affidavit and the Hillsborough County Ordinance No. 14-32 before signing the affidavit.

The Hillsborough County Official Records Department does not and will not provide legal advice. If you have any questions about this form, you should consult with an attorney.

1. Review the attached 3-page DPR Affidavit.
2. Type or print the information on the lines shown, except for those lines indicating signatures. Only one form is needed for two people.
3. Have two witnesses and a notary present when you are ready to sign the affidavit. Witnesses must not be a blood relative or a spouse.
4. Have the notary witness your signature.
5. Have the witnesses sign after watching you sign the affidavit.
6. You may either mail the completed, notarized affidavit to Hillsborough County Clerk, Attn: Official Records, P.O. Box 3249, Tampa FL 33601 or bring the completed, notarized affidavit to any Hillsborough County Official Records Department location. (Go to the [Official Records Department Contacts page](#) for a list of all locations.)
7. A fee of \$50 per form is required. You may pay in person by cash, check, or credit card; or pay by check if mailing the document. Checks must be made payable to the Hillsborough County Clerk of the Circuit Court.
8. Once recorded, the original affidavit and identification cards will be returned to the address specified on the bottom of page 3 of the form. (The mailing address does not have to be a home address.)

Copies of the recorded affidavit will be viewable and printable from the [Hillsborough County Clerk of Circuit Court's website](#).

HILLSBOROUGH COUNTY AND CITY OF TAMPA

DOMESTIC PARTNERSHIP REGISTRATION AFFIDAVIT

We, the undersigned co-applicants, do declare that we meet the requirements of Hillsborough County Ordinance No. 14-32 and agree to the following statements:

INITIALS OF CO-APPLICANTS

_____	_____	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 notify the County Clerk, in writing, if the terms of the Domestic Partnership Registration are no longer applicable or if one of the domestic partners wishes to terminate the domestic partnership.
_____	_____	I acknowledge that registration under this ordinance will grant to the co-applicant healthcare facility visitation rights, healthcare decisions, funeral/burial decisions, correctional facility visitation rights, emergency notification of family members, pre-need guardian designation rights, and educational participation rights, as reflected in the Hillsborough County Ordinance No. 14-32.
_____	_____	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 line is left blank, it will 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 AFFIRMATIVELY HOLD HILLSBOROUGH COUNTY AND THE HILLSBOROUGH COUNTY CLERK OF THE CIRCUIT COURT HARMLESS FROM ANY RECORDING, MISTAKES, OR DELAYS IN POSTING UP-TO-DATE INFORMATION IN THE OFFICIAL RECORDS OR TO THE ONLINE DATABASE.**

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

DISCLAIMER

The Hillsborough County Board of County Commissioners directed the Clerk to the Board to create a Registry for recording a Hillsborough County Domestic Partnership Registration Affidavit and/or a Hillsborough County Health, Education and Life Planning (HELP) Affidavit, as provided in Hillsborough County Ordinance 14-32. The forms for these affidavits are being made available by Hillsborough County on the Clerk's website.

By making the forms available to the public as directed by the Hillsborough County Board of County Commissioners, the Clerk is performing a ministerial act and is neither giving legal advice nor providing legal services to any person who elects to use the forms and record them in the Registry. The Clerk is expressly prohibited from practicing law pursuant to section 28.215, Florida Statutes.

Many sections of the Florida Statutes regulate the decisions that will be made and incorporated into the affidavits. Before signing either affidavit and submitting it to the Clerk for recording in the Registry you should seek the advice of the legal counsel of your choice to advise you if recording either affidavit in the Registry meets the legal requirements of existing law, and particularly the requirements of Chapter 765, Florida Statutes regulating the procedure for choosing a health care surrogate; providing a sufficient advanced directive for life prolonging procedures in a living will; or making anatomical gifts. In addition, if you have an existing estate plan or you have signed a Durable Family Power of Attorney, your decision to record either affidavit may cause changes to existing directive or conditions that you provided in existing documents, including those that may be part of your estate plan. Before signing either affidavit or recording either affidavit in the Registry, you should seek the advice of legal counsel to understand all of the legal consequences of signing and recording either affidavit in the Registry.

BEFORE SIGNING THE DPR AFFIDAVIT, I ACKNOWLEDGE THAT I HAVE READ THE DISCLAIMER PROVIDED BY THE CLERK. I ACKNOWLEDGE TO THE CLERK THAT BY USING THIS FORM OF AFFIDAVIT, THE CLERK IS NOT PROVIDING ANY LEGAL ADVICE TO ME AND THAT I HAVE OBTAINED ADVICE FROM THE LEGAL COUNSEL OF MY CHOICE OR I HAVE HAD THE OPPORTUNITY TO DO SO BUT DECLINED TO SEEK SUCH LEGAL ADVICE.

Signed on

(Witnesses cannot be a spouse or blood relatives of applicants).

Signature of Co-Applicant 1

Signature of Witness 1

Printed Name

Printed Name of Witness 1

Date of Birth

Signature of Witness 2

Printed Name of Witness 2

Signature of Co-Applicant 2

Signature of Witness 1

Printed Name

Printed Name of Witness 1

Date of Birth

Signature of Witness 2

Printed Name of Witness 2

State of _____
County of _____

Sworn to and subscribed before me this the _____ day of _____ 20_____ by:

_____ and
_____ who are personally known to me _____ or produced identification _____.

Signature of Notary Public

If filing by mail, applicant must provide return address. (Seal)

Name	
Address	
City, State, Zip	