

**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:** \_\_\_\_\_