



INSTRUCTIONS FOR STATEMENT OF DOMESTIC PARTNERSHIP

City of Long Beach
Office of the City Clerk, Lobby Level
411 West Ocean Boulevard, Long Beach, California 90802

Phone: (562) 570-6101

Email: cityclerk@longbeach.gov

A Statement of Domestic Partnership is a public record.

1. Type or use ink only.
2. Do not use correction fluid. (If you need to make a correction, draw a single line through the error and write above the corrected line; or, request another Statement of Domestic Partnership.)
3. The original of the Statement of Domestic Partnership with original signatures must be filed (photocopies will not be accepted).
4. If the State of Domestic Partnership is filed by mail, include the filing fee of \$97.00 (make check or money order payable to **City of Long Beach**) and send to the address above.
5. FAX (facsimile) copies will not be accepted.
6. The City Clerk will not accept the Statement of Domestic Partnership without the filing fee of \$97.00.

Payment of the filing fee includes two (2) certified copies of the Statement of Domestic Partnership.
Certification of additional copies of the Statement of Domestic Partnership shall be an additional cost of \$1.35 each.



Type or use Ink Only — Do Not Use Correction Fluid — Originals Only

Form
9701

STATEMENT OF DOMESTIC PARTNERSHIP

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WE, THE UNDERSIGNED, UNDER CHAPTER 8.95 OF THE LONG BEACH MUNICIPAL CODE, SUBMIT THIS STATEMENT, A PUBLIC DOCUMENT, AND HEREBY DECLARE THAT:

1. We live together.
2. Neither of us is legally married or a member of another domestic partnership.
3. We are not related by blood.
4. We share the common necessities of life and we are responsible for each other's welfare.
5. We are both 18 years of age or older.
6. [Optional] We are each other's domestic partner.
7. We agree to notify the City of the termination of our domestic partnership agreement.

WE DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT.

Executed on _____, 20____,
at _____, California

Executed on _____, 20____,
at _____, California

Signed: _____

Signed: _____

Print Name: _____

Print Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____