**GOVERNMENT OF THE DISTRICT OF COLUMBIA**
**DEPARTMENT OF HEALTH**
**DOMESTIC PARTNERSHIP REGISTRATION FORM**
**(D.C. Law 9-114)**

**File Number: _____** **File Date: _____**

**We the undersigned, do declare that we meet the following requirements of 29 DCMR 8001.1:**

- **We are both at least 18 years of age.**
- **We are both competent to contract.**
- **We share a mutual residence.**
- **Neither of us is married or a member of another domestic partnership.**
- **Each of us is the sole domestic partner of the other.**
- **Neither of us has a pending termination of domestic partnership.**

## Partner 1

| **Name:** **First** | **Middle** | **Last** | **Date of Birth** |
|---|---|---|---|
| **Street:** | | | |
| **City:** | **State:** | **Zip:** | |
| **Social Security No.:** | **Home Phone:** | **Work Phone:** | |

## Partner 2

| **Name:** **First** | **Middle** | **Last** | **Date of Birth** |
|---|---|---|---|
| **Street:** | | | |
| **City:** | **State:** | **Zip:** | |
| **Social Security No.:** | **Home Phone:** | **Work Phone:** | |

**I acknowledge that the representations herein are true, correct and contain no material omissions of fact to the best of my knowledge and belief.**

_____ _____
**Signature Partner 1** **Notary Public**

**Sworn to and subscribed in my presence on this (Month, Day, Year) _____**

**I acknowledge that the representations herein are true, correct and contain no material omissions of fact to the best of my knowledge and belief.**

_____ _____
**Signature Partner 2** **Notary Public**

**Sworn to and subscribed in my presence on this (Month, Day, Year) _____**

**Please be advised that any material change to the information provided herein must be reported to the Vital Records Registrar.**