



**CITY OF BERKELEY  
AFFIDAVIT OF DOMESTIC PARTNERSHIP**

*City Clerk  
Date Stamp  
For Official Use  
Only*

**We declare under penalty of perjury:**

1. We reside together and share the common necessities of life.
2. We are not married to anyone.
3. We are at least eighteen (18) years of age or older.
4. We are not related by blood so close as to bar marriage in the State of California and are mentally competent to consent to contract.
5. We are each other's sole domestic partner and intend to remain so indefinitely and are responsible for our common welfare.
6. We agree to file a Statement of Termination if Domestic Partnership ceases to be true.
7. We understand that the registration of the Affidavit of Domestic Partnership with the City Clerk creates a domestic partnership of continuous duration until either of us files a Statement of Termination or upon the death of either of us. (In case of the death of either party, a Statement of Termination is not required to be filed.)
8. Neither of us has been part of a Domestic Partnership that was terminated less than six (6) months ago.
9. We understand that any persons/employer who suffers any loss because of false statements contained in this Affidavit of Domestic Partnership may have cause to bring a civil action against us to recover their losses.

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

First Party:

NAME: \_\_\_\_\_  
Please Print

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Second Party:

NAME: \_\_\_\_\_  
Please Print

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

City State Zip

**Fee:** \$30.00 (cash or check only) for filing the Affidavit and obtaining a Certificate of Registration of Domestic Partnership.  
**Completed form must be returned in person to: City Clerk Department, 2180 Milvia Street, Berkeley, CA**

**This Registration is effective upon receipt of this form by the City Clerk.**