

ORANGE COUNTY DOMESTIC PARTNERSHIP REGISTRATION AFFIDAVIT
Per Orange County Code Chapter 22 Article V

INSTRUCTIONS

You should review the 2-page Domestic Partnership Registration (DPR) Affidavit, the Orange County Code Chapter 22 Article V (created by Ordinance No. 2012-09) and the City of Orlando Code 57 Article VI (created by Ordinance 2011-54), before signing the document. The Orange County Code is available by clicking on this link: [Orange County Chapter 22 Article V](#). The City of Orlando Code is available by clicking on this link: [City of Orlando Chapter 57 Article VI](#).

The Orange County Comptroller's 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 2-page DPR Affidavit which follows.
2. Type in information on the lines shown as appropriate – except for those lines indicating signatures or initials. Only one form is needed for two people.
3. Under Section 695.26, F.S., a “prepared by” statement is required. This same space is used in other states as a “return to” statement. It is frequently combined on Florida documents. The address provided will be used to return the document to you after it is recorded. It needs to be a mailing address, but it does not need to be a home address.
4. Print the form.
5. Be sure to have two witnesses and a notary present when you are ready to sign the affidavit. Witnesses must not be blood relatives.
6. Sign the document.
7. Have the notary witness your signature.
8. Have the witnesses sign that they watched you sign the affidavit. (The notary may be a witness, but must sign on the witness line, in addition to the notary lines.)
9. You may either bring the completed 2-page DPR Affidavit to the Orange County Comptroller's Official Records Department, 109 East Church Street, Suite 300, Orlando, FL 32801 or you may mail the completed affidavit to the Orange County Comptroller's Office, Attn: Official Records, PO Box 38, Orlando, FL 32802.
10. A recording fee of \$18.50 for the 2-page form is required. You may pay by cash, check, or credit card in person; or by check if mailing the document. Checks must be made payable to the Orange County Comptroller.
11. Once recorded and archived, the original of the form and two identification cards will be returned to whatever address you specified on the top left of page 1 of the form.

Copies of the recorded form will be viewable and printable from <http://or.occompt.com/recorder/web/>. After clicking the “I Accept” button, enter your name in the “either party” box (last name followed by first name with no punctuation between the two parts of the name). Uncheck the “document types” box. Select/click on “affidavit.” Then click on the word “Search.”

Prepared by and return to:	
Name	
Mailing Address	
City ST Zip	

ORANGE COUNTY DOMESTIC PARTNERSHIP REGISTRATION AFFIDAVIT

Per Orange County Code Chapter 22 Article V and City of Orlando Code Chapter 57 Article VI

We, the undersigned co-applicants, do declare that we meet the requirements of Orange County Code Chapter 22 Article V and agree to the following statements:

Initials of Co-Applicant 1	Initials of Co-Applicant 2	
		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 Comptroller, 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 City of Orlando DPR Ordinance under Section 57.84.
		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 THE ORANGE COUNTY COMPTROLLER HARMLESS FROM ANY RECORDING, MISTAKES OR DELAYS IN POSTING UP-TO-DATE INFORMATION TO THE ON-LINE DATABASE.**

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

Signed on _____

Witnesses (may not be blood relatives of applicants)

Signature of Co-Applicant #1

Signature of Witness 1

Printed Name of Co-Applicant #1

Printed Name of Witness 1

Signature of Witness 2

Printed Name of Witness 2

Signature of Co-Applicant #2

Signature of Witness 1

Printed Name of Co-Applicant #2

Printed Name of Witness 1

Signature of Witness 2

Printed Name of Witness 2

Notarization of both signatures: (required)

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____, 20____

by _____ and _____

who are personally known _____ or produced identification(s) _____

Signature of Notary