



INSTRUCTIONS: DOMESTIC PARTNERSHIP DECLARATION RCW 26.60

Purpose: A Domestic Partnership Declaration is used to record a domestic partnership as defined by RCW 26.60 with the Office of the Secretary of State.

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. A fillable .pdf version of this form is available for download at sos.wa.gov/corps/domesticpartnerships

Mail: Send the completed form and payment to the address listed above.

Payment: Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

Fees: The filing fee for the declaration is \$50.00.

Expedited Service: If expedited service is requested, include an *additional* \$100 fee and check the box indicating expedited service on page one.

ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.

Required: One person must be at least 62 years of age.

(1) Partner Information: Each partner must provide name, place of birth, date of birth, phone number and email address.

(2) Partner Common Residence Address: Provide the street address where both partners reside. Provide a separate mailing address if different from the residential address.

(3) Declaration of State Registered Domestic Partnership: By signing the document each partner is attesting that the statements made in this section are true and correct.

(4) Signature and Notarization: Both partners must complete the information in this section with a notary. A notary must stamp the form, prior to submission to our office.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at www.sos.wa.gov/corporations to chat with a representative.



WASHINGTON
Secretary of State

Corporations & Charities Division

Overnight address by commercial carrier: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

- Filing Fee \$50
- To Expedite Filing, Add \$100

THIS BOX FOR OFFICE USE ONLY

DOMESTIC PARTNERSHIP DECLARATION

RCW 26.60

REQUIRED: One person must be at least 62 years of age.

(1) DOMESTIC PARTNER INFORMATION

PARTNER ONE INFORMATION:

Full Name: _____

First Middle Last

Place of Birth: _____

City State Country

Date of Birth: _____ **Phone:** _____

Email: _____

PARTNER TWO INFORMATION:

Full Name: _____

First Middle Last

Place of Birth: _____

City State Country

Date of Birth: _____ **Phone:** _____

Email: _____

(2) PARTNERS COMMON RESIDENCE ADDRESS:

Street Address

Address: _____

Zip: _____ City: _____

State: _____ Country: _____

Mailing Address

Check if mailing address is the same as street address

Address: _____

Zip: _____ City: _____

State: _____ Country: _____

IMPORTANT INFORMATION:

Registration of a domestic partnership may affect property and inheritance rights and is not a substitute for a will, deed, or partnership agreement. Any rights conferred by this registration may be superseded by a will, deed, or other instrument signed by either party to this domestic partnership registration.

Records of State Registered Domestic Partnerships are public and will be disclosed on request. Information about State Registered Domestic Partnerships will be shared with the Washington State Department of Health.

(3) DECLARATION OF STATE REGISTERED DOMESTIC PARTNERSHIP

WE DECLARE that we meet the requirements for registration of domestic partnership pursuant to RCW 26.60, and that:

- **One of us is at least 62 years of age, and we are both over the age of 18.**
- We share a common residence;
- Neither person listed is married or in a state registered domestic partnership with another person;
- We are both capable of consenting to this domestic partnership;
- We are not of any relation to each other nearer than second cousins and neither partner is a sibling, child, grandchild, aunt, uncle, niece or nephew to the other;

(4) SIGNATURE AND NOTARIZATION:

These representations are true and correct, and contain no material omissions of fact to the best of our knowledge and belief.

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Partner 1 (Printed Full Name - first/middle/last)

Partner 2 (Printed Full Name - first/middle/last)

Partner 1 (Signature)

Partner 2 (Signature)

State of Washington County of: _____

State of Washington County of: _____

Signed and affirmed before me on: _____

Signed and affirmed before me on: _____

By (print name): _____

By (print name): _____

Notary Public Signature

Notary Public Signature

My Commission Expires: _____

My Commission Expires: _____

Notary Seal

Notary Seal