



INSTRUCTIONS: DOMESTIC PARTNERSHIP DECLARATION RCW 26.60

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* \$50 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.

If you have questions, need assistance, or would like to provide feedback, please visit the Corporations Division for Domestic Partnerships website at sos.wa.gov/corps/domesticpartnerships, email domesticpartnership@sos.wa.gov by phone at 360-725-0377 opt 3 or visit our website for a chat option with a representative.



Physical/Overnight address: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address: PO Box 40234 Olympia, WA 98504-0234

This Box For Office Use Only

- Filing Fee \$50.00
- To Expedite Filing, Add \$50

DOMESTIC PARTNERSHIP DECLARATION

RCW 26.60

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

(1) PARTNER INFORMATION

Partner 1	Partner 2
Name: _____	Name: _____
Place of Birth: _____	Place of Birth: _____
City: _____ State: _____	City: _____ State: _____
Country: _____	Country: _____
Date of Birth: _____	Date of Birth: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

(2) PARTNERS COMMON RESIDENCE ADDRESS:

Street Address	Mailing Address
Address: _____	<input type="checkbox"/> Check if mailing address is the same as street address.
_____	Address: _____
Zip: _____ City: _____	Zip: _____ City: _____
State: _____ Country: _____	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 Name)	Partner 2 (Printed Name)
_____	_____
(Signature)	(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 Commision Expires: _____	My Commision Expires: _____

Notary Seal

Notary Seal