

ROSS MILLER Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708 Website: www.nvsos.gov

Declaration of Domestic Partnership

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Instructions: 1. Type or print legibly.

- This declaration must be signed by both partners before a Notary Public.
 Must be accompanied by a \$50.00 filing fee payable to the Secretary of State.
- 4. Submit original declaration by hand delivery or mail only. It will not be accepted by email or fax.

5. You may hand deliver the declaration to:

Carson City: State Capitol, 101 North Carson Street, Suite 3, Carson City

Las Vegas: Grant Sawyer Building, 555 East Washington Avenue, Suite 5200, Las Vegas

ABOVE SPACE IS FOR OFFICE USE ONLY

Mail to:

Domestic Partnership Registration 555 East Washington Avenue, Suite 5200 Las Vegas, NV 89101

	SECTION 1 - App	licant Information	
Partner 1 - Name			
First Name	Middle Name	Last Name	Suffix
Partner 2 - Name			
First Name Residence Address:	Middle Name	Last Name	Suffix
Street Address C		City	State Zip Code
Mailing Address (if different from residence address):			
Street or Postal Address		City	State Zip Code
SECTION 2 - Declaration			
We have chosen to share one another's lives in an intimate and committed relationship of mutual caring; we desire of our own free will to enter into a domestic partnership; we have a common residence shared by both domestic partners on at least a part-time basis; neither of us is married or a member of another domestic partnership, except to or with each other in another jurisdiction; we are not related by blood in a way that would prevent us from being married to each other in this State; we are at least 18 years of age; and we are competent to consent to this domestic partnership.			
SECTION 3 - Order Information			
Return Information: (choose only one return method) Fees:			
Regular Mail to address above		Declaration Registration (includes one B/W certificate) = \$50.00	
Hold for pick up at: Carsor	n City Las Vegas	Ceremonial Certificate	x \$15.00 =
Note: If no box checked, certificate will be s	ent via regular mail to mailing addres	ss Black/White Certificate	x \$5.00 =
Phone:			Total
	SECTION 4	- Signatures	
I declare under penalty of perjury that the info knowledge and belief and acknowledge that p Office of the Secretary of State.	ormation provided on this Declaration	of Domestic Partnership is true, correct gory C felony to knowingly offer any fal	
Signature of Partner 1		Signature of Partner 2	
State of	_	State of	
County of	_	County of	
Subscribed and sworn to before me the	20	Subscribed and sworn to before me	e the20
by(Print Name of Par	rtnor 1)	by(Print)	Name of Partner 2)
(Filit Name of Pal	rulei 1)	(Print)	Name of Faturer 2)
Notary Signature			Notary Signature