

**Record & Return to:**  
 Office of the City Clerk  
 326 West Marion Avenue  
 Punta Gorda, FL 33950  
 (941) 575-3369  
[www.pgorda.us](http://www.pgorda.us)



## AFFIDAVIT OF AMENDMENT TO DOMESTIC PARTNERSHIP REGISTRATION

Chapter 19, Article I, Punta Gorda Code

*Both partners must appear in person to complete and submit this Affidavit to the City Clerk's Office at the address shown above. A filing fee of \$30 is required at the time of application (payable by cash or check).*

### Adding or Deleting Dependents

List the name(s) of any dependent(s) (full legal name) who reside(s) within the mutual residence of a Registered Domestic Partnership and is(are): **(1)** a biological, adopted or foster child of a Registered Domestic Partner; or **(2)** a dependent as defined under Internal Revenue Service (IRS) regulations; or **(3)** a ward of a Registered Domestic Partner as determined in a guardianship or other legal proceeding.

Add	/	Delete	/	Name	
_____	/	_____	/	_____	_____
_____	/	_____	/	_____	_____
_____	/	_____	/	_____	_____

### Legal Name Change *(requires proof by issuing agency)*

Name as it appears on Affidavit of Domestic Partnership Registration:

_____	Print (Last)	(First)	(Middle)	_____	Print (Last)	(First)	(Middle)
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Name after Legal Name Change:

_____	Print (Last)	(First)	(Middle)	_____	Print (Last)	(First)	(Middle)
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### Contact Information *(optional)*

_____	Phone
Mailing Address, City, State, Zip Code	

We, the undersigned, understand this Affidavit is a public record under Florida Law. We do hereby reaffirm that we meet the requirements of Chapter 19, Article I, Punta Gorda Code and the Domestic Partnership Registration (# \_\_\_\_\_) previously filed with the City Clerk. We swear and affirm the above representations are true and correct and contain no material omissions of fact to the best of our knowledge.

\_\_\_\_\_  
 PRINT (LAST) (FIRST) (MIDDLE)

\_\_\_\_\_  
 PRINT (LAST) (FIRST) (MIDDLE)

\_\_\_\_\_  
 SIGNATURE OF ABOVE

\_\_\_\_\_  
 SIGNATURE OF ABOVE

\_\_\_\_\_  
 DATE OF BIRTH

\_\_\_\_\_  
 DATE OF BIRTH

STATE OF FLORIDA  
 COUNTY OF CHARLOTTE

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (co-applicant) and \_\_\_\_\_ (co-applicant) who are personally known to me \_\_\_\_ or who have produced \_\_\_\_\_ as identification.

NOTARY SEAL

\_\_\_\_\_  
 SIGNATURE OF NOTARY PUBLIC

### CERTIFICATION OF AMENDMENT OF DOMESTIC PARTNERSHIP REGISTRATION

I do hereby certify that \_\_\_\_\_ (co-applicant) and \_\_\_\_\_ (co-applicant) have met the requirements for registration of a domestic partnership and, as such, are entitled to the benefits conferred by Chapter 19, Article I, Punta Gorda Code. This Affidavit has been recorded in the Domestic Partnership Registry of the City of Punta Gorda (Registration # \_\_\_\_\_) on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 CITY CLERK