



City of Phoenix

City Clerk Department
200 West Washington Street, Suite 1500
Phoenix, Arizona 85003-1611
602-262-6811

Office Use Only	
Registration Number:	_____
Date Filed:	_____
Accepted by:	_____

DECLARATION OF DOMESTIC PARTNERSHIP EXCEPTION FORM (DUE TO PHYSICAL LIMITATIONS)

I the undersigned affirm that I meet the requirements of Domestic Partnership, which is defined as follows:

- My partner and I reside within the City of Phoenix;
- My partner and I currently share a common residence;
- My partner and I are in a committed relationship and share responsibility for each other's common welfare;
- Neither my partner nor I are married to any third party;
- Neither my partner nor I are part of an existing domestic partnership or civil union with any third party;
- My partner and I are competent to enter into a contract;
- My partner and I are 18 years of age or older; and
- My partner and I are not related to one another by blood closer than would bar marriage in the State of Arizona.

I affirm due to physical limitations I _____

Print Partner 1 full name

cannot come in person to register. I authorize _____

Print Partner 2 full name

to register and file a Domestic Partnership on my behalf.

Partner 1: (Please Print)

Last Name	First Name	Middle Name

Signature

State of Arizona, County of Maricopa

All parties subscribed and sworn (or affirmed) before me on

(Notary Seal)

this _____ day of _____ 20 _____

Signature Notary Public