



COUNTY OF DANE
DOMESTIC PARTNERSHIP
APPLICATION FORM &
CERTIFICATE

Pursuant to Dane County Ordinances

CERTIFICATE NO.
DATE
NO REGISTRATION SHALL BE MADE NOR CERTIFICATE EFFECTIVE BEFORE THE 3rd WORKING DAY AFTER THE DATE OF APPLICATION.

NAME OF APPLICANT (Last, First, Middle Initial)	DATE OF BIRTH:
---	----------------

HOME ADDRESS (Street, City, State, Zip Code)
--

Are you married? <input type="checkbox"/> YES <input type="checkbox"/> NO	If not, have you ever been married? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how was the marriage dissolved?	Date:	Jurisdiction:
--	---	---	-------	---------------

Have you ever been registered in a domestic partnership? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give date of termination of that registration:
--	--

NAME OF APPLICANT (Last, First, Middle Initial)	DATE OF BIRTH:
---	----------------

HOME ADDRESS (Street, City, State, Zip Code)
--

Are you married? <input type="checkbox"/> YES <input type="checkbox"/> NO	If not, have you ever been married? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how was the marriage dissolved?	Date:	Jurisdiction:
--	---	---	-------	---------------

Have you ever been registered in a domestic partnership? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give date of termination of that registration:
--	--

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Are you in a relationship of mutual support, caring and commitment and intend to remain in such a relationship in the immediate future? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. Are you both competent to contract? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do you occupy the same dwelling unit as a single, nonprofit housekeeping unit, whose relationship is of permanent and distinct domestic character? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. Is your relationship temporary, social, political, commercial or economic in nature? <input type="checkbox"/> YES <input type="checkbox"/> NO

List all "DEPENDENTS" meeting the following criteria who are living with this domestic partnership:

1. A biological child of a domestic partner; or
2. A dependent as defined under IRS regulations; or
3. A ward of a domestic partner as determined in a guardianship proceeding; or
4. A person adopted by a domestic partner.

NAME OF DEPENDENT	DATE OF BIRTH

We hereby swear or affirm, subject to the penalties of Sec. 946.32, WIS. STATS., for false statements, that the information stated herein is true and correct to the best of our knowledge. We agree to notify the County Clerk of any change in the status of the Domestic Partner relationship.

 APPLICANT SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20____

 APPLICANT SIGNATURE

 (Clerk / Notary Public)

FOR OFFICE USE ONLY	
FEE OF \$35.00 PAID	DATE CERTIFICATE EFFECTIVE::

My commission expires: _____