



# CITY OF COLUMBIA/BOONE COUNTY, MISSOURI

### DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

## City of Columbia Domestic Partnership Registry **Declaration of Domestic Partnership**

Domestic partners must affirm that they and their domestic partner meet all of the following criteria:

- Have resided together for at least six months.
- 2. Each intend to reside with each other and share the common necessities of life.
- 3. Are each 18 years of age or older,
- 4. Are mentally competent to contract.
- Are not related by blood closer than would bar marriage in the State of Missouri, 5.
- 6. Are not married to any person other than their domestic partner, and
- 7. Are each other's sole domestic partner.

### Domestic partners are defined as two adults who:

Share the same principal residence, and are jointly responsible for the basic necessities of life. Basic necessities of life means the cost of basic food, shelter and any other expenses. The individuals need not contribute equally to the cost of these expenses, as long as they agree that both are responsible for the cost.

#### **Declaration:**

We do hereby affirm that we have agreed to live as domestic partners. We further affirm that our relationship meets the definition stated on this form.

We agree to notify the City in writing if there is any change of circumstances attested to in this Affidavit within thirty (30) days of such change.

Domestic Partner			Domestic Partner		
Name (print)			Name (print)		
Signature	Date		Signature	Date	
Street		City	State	Zip	
Contact Telephone I	Number				

NOTICE: False statements made on this form are punishable under Section 575.060 RSMo. and Section 16-193 of the Columbia Code of Ordinances. This is considered a public record and is subject to disclosure under Missouri's Sunshine Law, Section 610.011 RSMo.

Fee is \$25.00 per declaration.

If mailing, please include check or money order payable to City of Columbia.

Mail to: Columbia/Boone County Department of Public Health and Human Services, ATTN: Administration

PO Box 6015, Columbia, MO 65205

For office use only					
Registry No.		Date Received			

1005 W. Worley St. • P.O. Box 6015 • Columbia, Missouri 65205-6015 Phone: (573) 874-7347 • TTY: (573) 874-7356 • Fax: (573) 874-7756 Email: Health@CoMo.gov