

OREGON DEPARTMENT OF HUMAN SERVICES

CENTER FOR HEALTH STATISTICS

136-

Local File Number

State File Number

DECLARATION OF DOMESTIC PARTNERSHIP

This Declaration of Domestic Partnership must be registered with an Oregon County Clerk to be valid.

PARTNER A

1. Partner A – Legal Name First Middle Last		3. Other Legal Surnames Used	
2. Surname at Birth (If different than current legal name)		6. Age (18 or older)	
4. Birthplace (State or Foreign Country)	5. Date of Birth (Month, Day, Year)		9b. Resident State
7. Sex	8. Current Status (Single, Widowed, Divorced)	9a. Resident County	
9c. Mailing Address Number and Street City or Town		State	Country Zip

PARTNER B

10. Partner B – Legal Name First Middle Last		12. Other Legal Surnames Used	
11. Surname at Birth (If different than current legal name)		15. Age (18 or older)	
13. Birthplace (State or Foreign Country)	14. Date of Birth (Month, Day, Year)		18b. Resident State
16. Sex	17. Current Status (Single, Widowed, Divorced)	18a. Resident County	
18c. Mailing Address Number and Street City or Town		State	Country Zip

SIGNATURES/NOTARIES

I acknowledge that: I am entering into a Domestic Partnership with the party listed above (Partner B); I am at least 18 years of age; I and/or my partner reside in Oregon; and am otherwise capable to enter into this relationship. I declare the information and representations contained herein are true, correct and contain no material omissions of fact to the best of my knowledge and belief. I consent to the jurisdiction of the circuit courts of Oregon for the purpose of an action to obtain a judgment of dissolution or annulment of the domestic partnership or for legal separation of the partners in the domestic partnership, or for any other proceeding related to the partners' rights and obligations, even if one or both partners cease to reside in, or to maintain a domicile in this state.

✦ _____ DATE State of _____,
SIGNATURE PARTNER A
 county of _____. This instrument was acknowledged before me on _____ (date), by
 _____ (name(s) of person(s)).

Signature of notarial officer: _____
 My commission expires: _____

Seal:

I acknowledge that: I am entering into a Domestic Partnership with the party listed above (Partner A); I am at least 18 years of age; I and/or my partner reside in Oregon; and am otherwise capable to enter into this relationship. I declare the information and representations contained herein are true, correct and contain no material omissions of fact to the best of my knowledge and belief. I consent to the jurisdiction of the circuit courts of Oregon for the purpose of an action to obtain a judgment of dissolution or annulment of the domestic partnership or for legal separation of the partners in the domestic partnership, or for any other proceeding related to the partners' rights and obligations, even if one or both partners cease to reside in, or to maintain a domicile in this state.

✦ _____ DATE State of _____,
SIGNATURE PARTNER B
 county of _____. This instrument was acknowledged before me on _____ (date), by
 _____ (name(s) of person(s)).

Signature of notarial officer: _____
 My commission expires: _____

Seal:

LOCAL OFFICIAL

County of Filing	Signature of County Official at County of Filing
Date Registered at County	Name of Issuing Official (PRINT)

THE INFORMATION BELOW IS OPTIONAL AND WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

PARTNER A

PARTNER B

19. Number of this Partnership (Include Marriages and Domestic Partnerships) 1st, 2nd, etc. (Specify below)	20. If previously married or part of a domestic partnership, how did it end? By Death, Divorce, Dissolution, or Annulment. (Specify below)	21. Hispanic Origin (If yes, specify)	22. Race(s)	23. Education - highest grade completed. (Specify Below)	24. Occupation
19a.	20a.	21a.	22a.	23a.	24a.
19b.	20b.	21b.	22b.	23b.	24b.