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OREGON HEALTH AUTHORITY
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Local file number

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DECLARATION OF OREGON REGISTERED 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)*

2. Last name at birth *(if different than current legal name)*: | 3. Other legal last names used:

4. Birthplace *(state or foreign country)*: | 5. Date of birth *(month, day, year)*: | 6. Age *(18 or older)*:

7. Sex: | 8: Current status *(never married, widowed, divorced)*: | 9a. Resident county: | 9b. Resident state:

9c. Mailing address: Number and street | City or town | State | Country | ZIP code

10. Partner A legal name taken after domestic partnership: *(first)* *(middle)* *(last)*

Partner B

11. Partner B - Legal name: *(first)* *(middle)* *(last)*

12. Last name at birth *(if different than current legal name)*: | 13. Other legal last names used:

14. Birthplace *(state or foreign country)*: | 15. Date of birth *(month, day, year)*: | 16. Age *(18 or older)*:

17. Sex: | 18: Current status *(never married, widowed, divorced)*: | 19a. Resident county: | 19b. Resident state:

19c. Mailing address: Number and street | City or town | State | Country | ZIP code

20. Partner B legal name taken after domestic partnership: *(first)* *(middle)* *(last)*

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.

➧ _____ _____ State of _____,
Signature Partner A *(current name)* **Date**

county of _____ . This instrument was acknowledged before me on _____ (date),

by _____ *(name of Partner A).*

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.

➧ _____ _____ State of _____,
Signature Partner B *(current name)* **Date**

county of _____ . This instrument was acknowledged before me on _____ (date),

by _____ *(name of Partner B).*

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)*:

Partner A: First name, last name

Partner B: First name, last name

The information below is optional and will not appear on certified copies of the RECORD.

	21. Number of this partnership *(include marriages and domestic partnerships) 1st, 2nd, etc. (specify below)*:	22. If previously married or part of a domestic partnership, how did it end? By death, divorce, dissolution, or annulment? *(specify below)*:	23. Hispanic origin *(Write "yes," or "no," or "unknown." If "yes," specify Hispanic group listed below.)*:	24. Race(s): How do you identify your race? You may list multiple races. *(see options below)*:	25. Education-highest grade completed *(specify below)*:	26. Occupation:
Partner A	21a.	22a.	23a.	24a.	25a.	26a.
Partner B	21b.	22b.	23b.	24b.	25b.	26b.

Options for Hispanic origin question:

- *Mexican, Mexican American, Chicano;*
- *Puerto Rican;*
- *Cuban;*
- *Other Spanish/Hispanic/ Latino*

Options for race(s) question:

- *American Indian or Alaskan Native;*
- *Asian Indian;*
- *Black or African American;*
- *Chinese;*
- *Filipino;*
- *Guamanian or Chamorro;*
- *Japanese;*
- *Korean;*
- *Native Hawaiian;*
- *Samoan;*
- *White;*
- *Vietnamese;*
- *and/or Other (Specify)*

IMPORTANT: PRINT FORM SINGLE-SIDED ON TWO, SEPARATE PAGES.