MIAMIBEACH

City Clerk's Office - 1700 Convention Center Drive, Miami Beach, FL 33139
Phone: 305-673-7411 Email: CityClerk@miamibeachfl.gov - Office Hours: Monday through Friday from 8:30 a.m. to 5:00 p.m.

AMENDMENT TO DECLARATION OF DOMESTIC PARTNERSHIP

Article IV -Chapter 62-131 of the Miami Beach City Code

Registration No. _____

Instructions:
Complete and submit this form **(notarization is required)** to the City Clerk's Office at the address above. A filing fee of $25.00 is required and must accompany the registration form. Make check payable to the City of Miami Beach.

Do you or your domestic partner claim any exemption to public record disclosure pursuant to Section 119 Florida Statutes? ☐ Yes ☐ No. ***If "yes", submit on a separate page a detailed explanation of exemption.***

Adding or Deleting Dependents

List the name(s) of dependent(s) who reside(s) within the household of the Registered Domestic Partnership and is (are):

1. a biological adopted, or foster child of a Registered Domestic Partner; or
2. a dependent as defined under IRS regulations; or
3. a ward of a Registered Domestic Partner as determined in a guardianship or other legal proceeding.

Add ☐ Delete ☐ _____ **Add ☐ Delete ☐** _____

Add ☐ Delete ☐ _____ **Add ☐ Delete ☐** _____

Change of Address

Common Residence Address City State Zip Code

Mailing Address City State Zip Code

Telephone Number

Email (Optional)

We swear or affirm under Penalty of perjury that the statements above are true and correct.

Signed on _____ **in** _____, _____
(Date) (City) (State)

Signature (Print legibly) Last First Middle

Signature (Print legibly) Last First Middle

Notarization of both signatures: (Required)

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____, 200__ by _____ and _____ who are personally known ____ or produced Identification _____.

_____
Signature of Notary Public

For Clerk's Use Only:

Filing Date _____ MCR#_____ Received by: _____ Registration Number_____