



FRANCISCO V. AGUILAR
Nevada Secretary of State
2250 Las Vegas Blvd North
Suite 400
North Las Vegas, NV 89030
(702) 486-2887
www.nvsos.gov

Declaration of Domestic Partnership

FOR OFFICE USE ONLY

Follow these instructions to complete and file this form to register as Domestic Partners:

- 1) Type or print legibly using blue or black ink. Do not use whiteout.
- 2) Attach a **\$50.00 filing fee** payable to Nevada Secretary of State. Use check, money order, or Credit Card Checklist Form.
- 3) Submit original declaration. No copies.
- 4) All fields required. This form has two separate notarial acts.
- 5) Hand delivery accepted at:
 - Carson City: 101 N. Carson Street, Suite 3
 - NLV: 2250 Las Vegas Blvd. North, 1st Floor

DP# : _____

Job# : _____

Mail this form with appropriate fees to:
Nevada Secretary of State
Domestic Partnership Program
2250 Las Vegas Boulevard North, Suite 400
North Las Vegas, NV 89030

SECTION 1 – Applicant Information (Do not use alias or nickname)

- ☐ Yes* ☐ No Does either partner have an existing marriage or domestic partnership with another person?
*If "Yes", you cannot file this declaration.

Partner 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Legal First Name	Legal Middle Name	Legal Last Name	Suffix	Date of Birth (mm/dd/yyyy)
Partner 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Legal First Name	Legal Middle Name	Legal Last Name	Suffix	Date of Birth (mm/dd/yyyy)
Residence Address:	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street Address		City	State	Zip Code
Mailing Address:	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
	PO Box or Street Address if different from residence		City	State	Zip Code

SECTION 2 – Declaration

We, the undersigned, declare that:

1. We have chosen to share one another's lives in an intimate and committed relationship of mutual caring;
2. We desire of our own free will to enter into a domestic partnership;
3. We have a common residence shared by both domestic partners on at least a part-time basis;
4. Neither of us is married or a member of another domestic partnership;
5. We are not related by blood in a way that would prevent us from being married to each other in this State;
6. We are at least 18 years of age; and
7. We are competent to consent to this domestic partnership.

SECTION 3 – Fees

FEES – Filing includes (1) B/W Paper or Digital Cert.	Qty	Subtotal
Declaration Registration	1	\$50.00
Ceremonial Certificate	\$ 15.00	
Add'l Black/White Certificate	\$ 5.00	
Expedite Filing Fee	\$100.00	
Total:		

SECTION 4 – Delivery and Contact Information

DELIVERY – Choose a method for delivery of your certificate(s):

- ☐ Standard: USPS First Class Mail to mailing address above
- ☐ Expedite Mail: enclose a prepaid self-addressed flat envelope or shipping label for the expedite service of your choosing
- ☐ Hold for pickup at: ☐ North Las Vegas
- ☐ Digital Certificate: emailed to you. Email **MUST** be provided for delivery

Email address:

CONTACT – For questions about your filing or to notify you of pickup, provide a phone number:

SECTION 5 – Signatures (Declaration must be signed in the presence of a Notary Public)

I declare under penalty of perjury that the information provided on this Declaration of Domestic Partnership is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X

Signature of **Partner 1**

State of _____

County of _____

Signed and sworn to before me on _____ 20____

by _____
Print Name of **Partner 1**

(Notary Seal)

Signature of Notarial Officer

X

Signature of **Partner 2**

State of _____

County of _____

Signed and sworn to before me on _____ 20____

by _____
Print Name of **Partner 2**

(Notary Seal)

Signature of Notarial Officer



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Notarization Guidelines for Domestic Partnerships

To ensure that your declaration is not rejected for notarization errors, we offer the following guidelines:

- 1) Please type or print. Make sure the names of both partners and the address(es) are legible in Section 1.
- 2) The notarial officer completes the entire notarial section. It is the partner name (i.e. document signer) that is printed by the notarial officer on the "by" line above the notarial officer's signature.
- 3) Each signature requires a **separate** notary stamp and complete notarial language.
- 4) The notarial officer shall make sure the stamp has enough ink, does not smear, that the whole stamp is clear, and that the completed notarial signature is legible.
- 5) A document may be notarized by a notarial officer in another state or country.
- 6) Below is how a document should be properly notarized.

<p>X</p> <p>Signature of Partner 1</p> <p>State of [INSERT STATE]</p> <p>County of [INSERT COUNTY]</p> <p>Signed and sworn to before me on [MONTH DAY] 20 [YEAR]</p> <p>by [NAME OF DOCUMENT SIGNER - PARTNER 1]</p> <p>Print Name of Partner 1</p> <p>(Notary Seal) _____ Signature of Notarial Officer</p> <p>Notary Stamp</p>	<p>X</p> <p>Signature of Partner 2</p> <p>State of [INSERT STATE]</p> <p>County of [INSERT COUNTY]</p> <p>Signed and sworn to before me on [MONTH DAY] 20 [YEAR]</p> <p>by [NAME OF DOCUMENT SIGNER - PARTNER 2]</p> <p>Print Name of Partner 2</p> <p>(Notary Seal) _____ Signature of Notarial Officer</p> <p>Notary Stamp</p>
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[Do not notarize this document. This is only a guideline.]



FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada
89701-4201
(702) 486-2887
Website: www.nvsos.gov

ePayment Checklist

All major credit cards are accepted. For security purposes, please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information.

Processing Requested:

- ☐ Regular ☐ 24-HOUR Expedite ☐ 4-HOUR Expedite (Apostille only)
☐ 2-HOUR Expedite ☐ 1-HOUR Expedite ☐ 24-HOUR (Domestic Partnership only)

Order Information (required)

Entity Name/Order Reference: _____

Cardholder Name (as shown on credit card): _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Last 4 Digits of Credit Card: _____ Card Type: ☐ VISA ☐ MasterCard ☐ Amex ☐ Discover

Authorized to Charge: _____

By signing this form, I understand that there will be a non-refundable credit card payment processing fee of 2.5% added to the total amount of the transaction. I understand if I do not wish to pay the credit card processing fee, I can either mail a check, or pay in person by cash, check, or money order. I certify that I am the cardholder and responsible for this payment in accordance with the issuing bank cardholder agreement. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment.

Authorized Signature

X _____ Date: _____

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: _____
2. Expiration Date: _____
3. Security Code*: _____
*3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
4-digit number found on the front right side of American Express card.

All 3 fields **MUST** be completed!
This section will be destroyed after the payment is processed.