



COUNTY OF DANE
**DOMESTIC PARTNERSHIP
APPLICATION FORM & CERTIFICATE**
Pursuant to Dane County Ordinances

CERTIFICATE NO.

DATE

**NO REGISTRATION SHALL BE MADE NOR CERTIFICATE
EFFECTIVE BEFORE THE 3rd WORKING DAY AFTER THE
DATE OF APPLICATION**

NAME OF APPLICANT (Last, First, Middle Initial)

DATE OF BIRTH

HOME ADDRESS (Street, City, State, Zip Code)

Are you married?

☐ YES ☐ NO

If not, have you ever been married?

☐ YES ☐ NO

If yes, how was the marriage dissolved?

Date:

Jurisdiction:

Have you ever been registered in a domestic partnership?

☐ YES ☐ NO

If yes, give the date of termination of that registration:

NAME OF APPLICANT (Last, First, Middle Initial)

DATE OF BIRTH

HOME ADDRESS (Street, City, State, Zip Code)

Are you married?

☐ YES ☐ NO

If not, have you ever been married?

☐ YES ☐ NO

If yes, how was the marriage dissolved?

Date:

Jurisdiction:

Have you ever been registered in a domestic partnership?

☐ YES ☐ NO

If yes, give the date of termination of that registration:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Are you in a relationship of mutual support, caring and commitment and intend to remain in such a relationship in the immediate future?

☐ YES ☐ NO

2. Are you both competent to contract?

☐ YES ☐ NO

3. Do you occupy the same dwelling unit as a single, nonprofit housekeeping unit, whose relationship is of permanent and distinct domestic character?

☐ YES ☐ NO

4. Is your relationship temporary, social, political, commercial or economic in nature?

☐ YES ☐ NO

List all "DEPENDENTS" meeting the following criteria who are living with this domestic partnership:

1. A biological child of a domestic partner; or
2. A dependent as defined under IRS regulations; or
3. A ward of a domestic partner as determined in a guardianship proceeding; or
4. A person adopted by a domestic partner.

NAME OF DEPENDENT

DATE OF BIRTH

We hereby swear or affirm, subject to the penalties of Sec. 946.32, WIS. STATS., for false statements, that the information stated herein is true and correct to the best of our knowledge. We agree to notify the County Clerk of any change in the status of the Domestic Partner relationship.

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20____

APPLICANT SIGNATURE

(Clerk / Notary Public)

APPLICANT SIGNATURE

My Commission Expires: _____

FOR OFFICE USE ONLY

FEE OF \$35.00 PAID

DATE CERTIFICATE EFFECTIVE:

**DANE COUNTY CLERKS OFFICE
CITY-COUNTY BUILDING
210 MARTIN LUTHER JR BLVD ROOM 106A
MADISON WI 53703**