



DOMESTIC PARTNERSHIP REGISTRATION
 OFFICE OF THE CITY CLERK LICENSE DIVISION
 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
 (414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV
WWW.MILWAUKEE.GOV/LICENSE

Note: City of Milwaukee Domestic Partnership Registration is only permitted for same sex couples who reside together in the City of Milwaukee. City employees wishing to register as Domestic Partners should first contact Employee Benefits at (414) 286-3184 for information.

APPLICATION: Both applicants must appear in person and submit the attached application under oath in the Office of the City Clerk, License Division, City Hall, 200 E. Wells Street, Room 105, between the hours of 8:15 A.M. and 4:30 P.M., Monday through Friday.

SIGNATURES: Full legal names and notarized signatures of each individual are required.

DECLARATION FORM: Please review the attached application so that you will be aware in advance what you will be declaring. The declaration will be sworn to and signed before a representative of the City Clerk. Do not sign or have the declaration notarized in advance.

REQUIRED INFORMATION: Each registrant must bring with them proof of identity, age, and residence in the City of Milwaukee, where they reside together. A Wisconsin Driver's License or Milwaukee County ID may be presented for proof of age and identity. If the Driver's License or County ID list the same address as stated on the declaration being submitted, they may also be used to provide proof of residency. If the address is not current, other proof of residency must be submitted, such as a current lease, property tax bill, utility bills, etc.

FEE: The registration fee per couple is \$30 as specified in s. 81-43-7 of the Milwaukee Code of Ordinances. Make checks payable to: City of Milwaukee.

ADDITIONAL AGREEMENTS: Each applicant shall agree they understand that their registration as domestic partners is a matter of public record. Each also must agree to notify the City Clerk of any changes in the status of the domestic partnership and to file a termination notice under s. 111-5 of the Milwaukee Code of Ordinances, when appropriate.

AFFIRMATION: Each applicant must swear or affirm, subject to penalties for false statements of s. 946.32, Wis. Stats., that the information declared and stated on the application for domestic partnership is true and correct to the best of his or her knowledge.

ISSUANCE OF A CERTIFICATE: Following the verification of eligibility, filing of the declaration, and payment of the fee, a certificate of domestic partnership registry will issued.

Ordinances regulating DOMESTIC PARTNERSHIP REGISTRATION
 are established in ch. 111, Milwaukee Code of Ordinances, and may be viewed online at
<http://www.milwaukee.gov/ordinances>



DOMESTIC PARTNERSHIP REGISTRATION APPLICATION

Full Legal Name (Last, First & Middle Initial)	Full Legal Name (Last, First & Middle Initial)
Date of Birth:	Date of Birth:
Home Address (include City, State, Zip Code):	

The Partners do hereby declare:

- We are in a domestic relationship of mutual support, caring and commitment, and intend to remain in this relationship
- We are at least 18 years of age or older and competent to enter into a contract
- We are not married and are not related by kinship to a degree that would bar marriage in this state
- We are both the same sex
- We reside together in the City of Milwaukee
- We have not been in a registered domestic partnership with another individual during the 12 months immediately prior to the date of this application; unless the domestic partnership was terminated by death or marriage

We further declare that we meet at least one of the following conditions of domestic partnership:

- We have common or joint ownership of a residence
- We have a current lease for a residence identifying both applicants as tenants
- We jointly own a motor vehicle
- We have a joint bank, credit union, or credit account
- We have identified each other as primary beneficiaries in our wills

The applicants state the following:

We understand that our registration as domestic partners is a matter of public record

We each agree to notify the City Clerk of any change in the status of the domestic partnership and to file a termination notice under s. 111-5 of the Code of Ordinances when appropriate

OVER

If previously registered in a City of Milwaukee domestic partnership, please complete the following information:

Name of registered partners _____

Date of registration _____ Date of termination _____

State the Means of termination _____
(marriage, death or termination statement)

If more than one termination complete below:

Names of registered partners _____

Date of registration _____ Date of termination _____

State the Means of termination _____
(marriage, death or termination statement)

We, swear or affirm, subject to the penalties for false statements of Section 946.32, Wisconsin Statutes, that the information declared and stated in this application for domestic partnership is true and correct to the best of our knowledge.

SUBSCRIBED & SWORN TO BEFORE ME THIS

_____ day of _____, 20_____

Signature

Notary Public, State of Wisconsin

Signature

My commission expires _____

Notary Seal must be affixed

OFFICE USE ONLY

Initials _____ Filed _____ Registration # _____ Mailed _____