COUNTY OF LOS ANGELES
STATEMENT AND CERTIFICATE OF DOMESTIC PARTNERSHIP
(LOS ANGELES COUNTY CODE CHAPTER 2.210)

We, the undersigned, hereby state and acknowledge that we are both 18 years of age or older and that we consider ourselves to be domestic partners. We further state and acknowledge that one or both of us reside or is employed in Los Angeles County.
(OPTIONAL- The filing parties may check one or more of the following)

We further state and acknowledge that the following are true:

___ **We have considered ourselves to be domestic partners since**_____

___ **Neither of us is married.**

___ **We are not related by blood in a manner, which bar marriage in the State of California.**

___ **We are each other's sole domestic partner.**

___ **We consider ourselves to be immediate family.**

___ **We have chosen to share each other's lives in a committed and caring personal relationship.**

___ **We share a common household.**

___ **We share financial responsibility for our joint household expenses.**

___ **We own real property together.**

___ **We own personal property together.**

___ **Each of us has authorized the other to make decisions in case of medical emergency.**

___ **Each of us has authorized the other to act with respect to business or personal financial matters should one of us**

   become unable to handle such matters on an interim or permanent basis.

___ **Each of us has made provision for the other through a last will and testament, a form of trust document, or another means of estate planning.**

___ **Other** _____

_____   _____
Signature   **Signature**

_____   _____
Print Name   **Print Name**

_____   _____
Address   **Address**

_____   _____
City, State, Zip Code   **City, State, Zip Code**

_____   _____
Date of Birth   **Date of Birth**

*This document does not take the place of the properly executed legal documents which you must have if you wish to authorize each other to make medical or financial decisions for each other or leave property to each other or make other arrangements concerning incapacity or death. Such documents can provide critical protection for you and your partner in the case of medical or other emergency. It is important to consult with an attorney for assistance in preparing documents that are appropriate for your needs. The staff of the Registrar-Recorder/County Clerk is not authorized to provide legal advice.

*This document is a public record.

File#_____ File

Date_____ Rev 4/24