



City of Edina

Application for Registration as Domestic Partners

Office Use Only

Registration Date: _____

Date Mailed: _____

Code: 10210202.4137

We hereby apply to register as Domestic Partners.

This form (2 sided) must be signed in front of a Notary Public.

_____ We have read and understand the terms and conditions of Edina City Code attached to this registration.

_____ We affirm that we meet the definition of Domestic Partners Section 2-779 below and are eligible for registration.

Any two adults who meet all the following:

1. Are not related by blood closer than permitted under marriage laws of the state.
2. Are not married.
3. Are competent to enter into a contract
4. Are jointly responsible to each other for the necessities of life.
5. Are committed to one another to the same extent as married persons are to each other, except for the traditional marital status and solemnities.
6. Do not have any other domestic partner(s).
7. Are both at least 18 years of age.
8. At least one of whom resides in Edina or is employed in Edina.

_____ We have enclosed a check for \$25.00, made payable to City of Edina for the application fee.

Partner 1

Print Full Name _____ Date _____

Partner 2

Print Full Name _____ Date _____

Partners' Address

Street _____ City _____ State _____ Zip _____

THE MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. We are requesting this data to determine your eligibility to register a domestic partnership from the City of Edina. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data, however, refusing to supply the data may cause your application to not be processed. In addition, this data can be shared by Edina City Staff, the State of Minnesota Driver License Section, Hennepin County Auditor, Bureau of Criminal Apprehension, Hennepin County Warrant Office, and Ramsey County Warrant Office. Your signature on this application indicates you understand these rights. Your residence address will be considered public data unless you request this information to be private and provide an alternative address.

Please sign below to indicate that you have read this notice:

Signature X _____

I request that my residence address and telephone number be considered private data. My alternative address and telephone number are as follows:

Address _____

Domestic Partner Registration

Partner 1

I hereby certify all the information given is complete and accurate.

X

Applicant's Signature

X

Date

Subscribed and sworn to before me, a Notary Public on this _____ day of _____, 20____

Notary Public

My Commission expires on _____ (Seal)

Partner 2

I hereby certify all the information given is complete and accurate.

X

Applicant's Signature

X

Date

Subscribed and sworn to before me, a Notary Public on this _____ day of _____, 20____

Notary Public

My Commission expires on _____ (Seal)

Return to: City Clerk's Office, 4801 West 50th St, Edina, MN 55424
Phone: 927-8861 Ext. 408