

**Vital Records Division
Domestic Partnership Registration Instructions**

The Domestic Partnership Registration Form, (DC Law 9-114) contains 16 questions. This form must be completed by both persons, whose partnership is being requested. To be qualified for the program the following requirements must be met.

- Both applicants must be 18 years of age.
- Both applicants must be competent to contract.
- Both applicants share a mutual residence.
- Neither applicant is married or a member of another domestic partnership.
- Both applicants are the sole domestic partner of the other.
- Neither applicant has a pending termination of domestic partnership.

These items are to be completed by DOH ONLY:

- a. file number
- b. file date

Please complete the following information about Partner 1.

- Item 1.** Full name of partner 1.
- Item 2.** Please indicate the street address.
- Item 3.** Please indicate the city, state and zip code.
- Item 4.** Please indicate the date of birth for partner 1.
- Item 5.** Please indicate the social security number.
- Item 6.** Please indicate the home telephone number.
- Item 7.** Please indicate the work telephone number.

Please complete the following information about Partner 2.

- Item 1.** Full name of partner 2.
- Item 2.** Please indicate the street address.
- Item 3.** Please indicate the city, state and zip code.
- Item 4.** Please indicate the date of birth for partner 2.
- Item 5.** Please indicate the social security number.
- Item 6.** Please indicate the home telephone number.
- Item 7.** Please indicate the work telephone number.

Signatures of each partner must be notarized on the application form.

Both partners must bring the application to the Vital Records Division and provide proof of residency and identification.

**Department of Health
Vital Records Division
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