



## 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](mailto:LICENSE@MILWAUKEE.GOV)

***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 contact Employee Benefits at (414) 286-3184 for information.)*

**APPLICATION:** Both applicants must appear in person and submit the attached declaration under oath in the office of the City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, between the hours of 8:00 A.M. and 4:45 P.M., Monday through Friday.

**DECLARATION FORM:** Please review the attached declaration form so that you will be aware in advance what you will be declaring. Do not sign nor have the declaration notarized in advance. The declaration will be sworn to and signed before a representative of the City Clerk.

**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.

**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.

**FEE:** Each couple applying for registration must pay a \$30.00 registration fee as specified in s.81-43.7 of the Milwaukee Code of Ordinances. Please make checks payable to the **City of Milwaukee**.

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

ORDINANCES GOVERNING DOMESTIC PARTNERSHIP REGISTRATION ARE LOCATED IN SECTION 111 OF THE MILWAUKEE CODE AND MAY BE VIEWED ONLINE <http://www.ci.mil.wi.us/ctygov/council/isysintro.htm> or purchased from the Legislative Reference Bureau in City Hall, Room B-11.



# DOMESTIC PARTNERSHIP REGISTRATION APPLICATION

Full Name (Last, First & Middle Initial)	Full 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)

**Affirmation:** Each applicant swears or affirms, subject to the penalties for false statements of s. 946.32, Wis. Stats., that the information declared and stated in this application for domestic partnership is true and correct to the best of their knowledge.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
Notary Public, State of Wisconsin

My commission expires \_\_\_\_\_

\_\_\_\_\_  
(Applicant Signature)

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**OFFICE USE ONLY**

Initials \_\_\_\_\_ Filed \_\_\_\_\_ Reg.# \_\_\_\_\_ Mailed \_\_\_\_\_