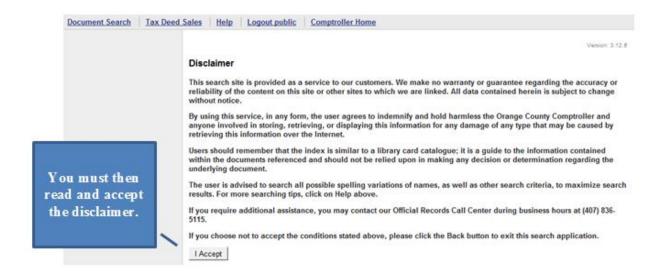
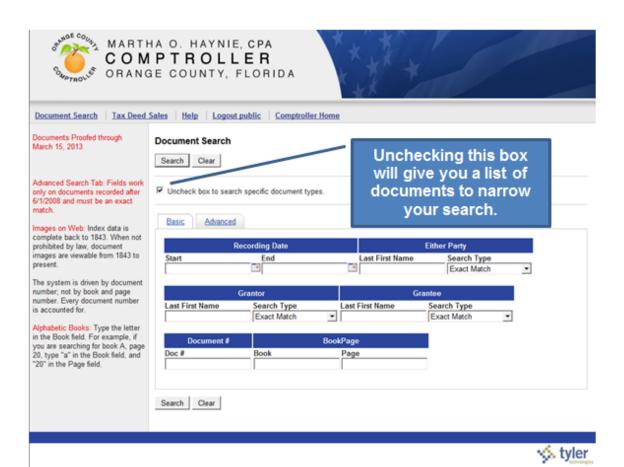
Search Official Records for Domestic Partnership Registry (DPR) & HELP Affidavits

From the Comptroller's homepage (<u>www.occompt.com</u>), place your cursor over the words "Official Records" on the header row and choose "Search Official Records" from the dropdown menu.





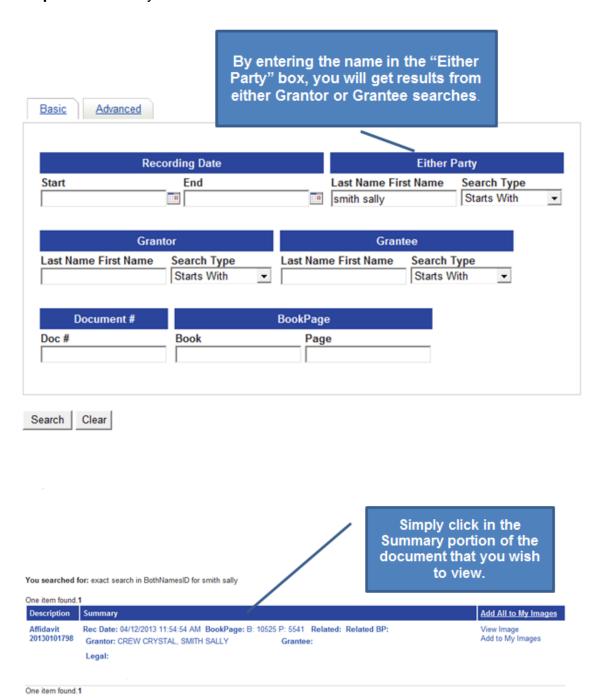


Uncheck box to search specific document types.



There are three fields used for doing name searches: Grantor, Grantee, and Either Party. The Grantor and Grantee fields will search only those fields. The Either Party field will search for names that appear in either the Grantor **OR** the Grantee field. The name must be entered Last Name First.

Example: Smith Sally







Prepared by and return to: Name Crustal Crew/Sally Smith Mailing Address 125 main Street City St Zo Orlando Fu 32802

ORANGE COUNTY DOMESTIC PARTNERSHIP REGISTRATION AFFIDAVIT

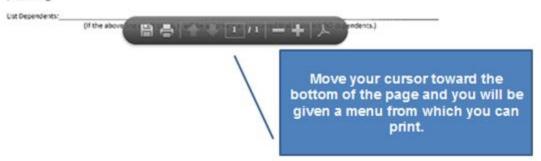
Per Orange County Code Chapter 22 Article V and City of Orlando Code Chapter 57 Article VI

We, the undersigned co-applicants, do declare that we meet the requirements of Orange County Lode Chapter 22 Article V and agree to the following statements:

To also that	Initials of	
Applicant 1	Applicant 2	
cc	J.S.A.	I am at least eighteen (18) years old and competent to contract.
00	.81	I am not currently married under Florida law, nor am I a partner in a domestic partnership relationship or a member of civil union with anyone other than the co-applicant.
00	28.8	I am not related to my co-applicant by blood as defined in Florida law.
ec cc	33	I consider myself to be a member of the immediate family of the co-applicant, and I am jointly responsible for maintaining and supporting the registered domestic partnership.
CC	11	I reside in a mutual residence with the co-applicant.
cc	11	I will notify the County Comptroller, in writing, if the terms of the Domestic Partnership Registration are no longer applicable or if one of the domestic partners wishes to terminate the domestic partnership.
C.C.	33	I acknowledge that registration under this ordinance will grant to the co-applicant healthcare facility visitation rights, healthcare decisions, funeral/burial decisions, correctional facility visitation rights, emergency notification of family members, pre-need guardian designation rights, and educational participation rights, as reflected in the City of Orlando DPR Ordinance under Section 57.84.
CC	33	In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I designate the co-applicant as my surrogate for health care decisions. I fully understand that this designation will permit the co-applicant to make health care decisions and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility. I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility.
10	31	I designate the co-applicant as my agent to direct the disposition of my body for funeral and burial.

List the name(s) of any dependent(s) that reside(s) within the mutual household of co-applicants who is (are):

1) a biological, adopted, or foster child of a Registered Domestic Partner; or 2) a dependent as defined under IRS regulations; or 3) a ward of a Registered Domestic Partner as determined in a guardianship or other legal proceeding.



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