



Secretary of State
Sacramento Office

1500 11th Street
Sacramento, CA 95814

(916) 653-3984
www.sos.ca.gov

DOMESTIC PARTNERSHIP REQUEST FORM (POP-UP SHOP)

DATE: _____

THIS REQUEST IS BEING PROCESSED FOR: (Please type or print legibly.)

Name(s): _____

Address: _____

City/State/Zip: _____

Phone Number: _____

DOCUMENT FILING TYPE: (Please select the type of document to be filed.)

Declaration of Domestic Partnership

Termination of Domestic Partnership

Revocation of Termination of Domestic Partnership

Secretary of State Use Only

DOCUMENT FILE NUMBER: _____

Registration – Either partner is 62 or older \$10.00 \$ _____

Registration – Both partners are under the age of 62 \$33.00 \$ _____

Termination of Domestic Partnership NO FEE

Revocation of Termination of Domestic Partnership NO FEE

Special Handling Fee (for filing a document) \$15.00 \$ _____

Special Handling Fee (for requesting a copy) \$6.00 \$ _____

Certified Copy \$5.00 \$ _____

TOTAL FEES \$ _____

CK CC MO NO _____

TOTAL AMOUNT REC'D \$ _____

INITIALS: _____

REVIEW NOTES: _____