



Secretary of State  
Sacramento Office

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Sacramento, CA 95814

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## 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: \_\_\_\_\_