

LEON COUNTY AFFIDAVIT OF AMENDMENT OF REGISTERED DOMESTIC PARTNERSHIP
(To change the legal name of a Domestic Partner in a Registered Domestic Partnership)
Per Chapter 9, Article V, Leon County Code of Laws

INSTRUCTIONS: Both Registered Domestic Partners come in person to the **Leon County Clerk of Courts Official Records/Marriage/Passports office, 1276 Metropolitan Blvd. # 101, Tallahassee, FL 32312** (County Clerk's office). **Office Hours are Monday – Friday, 8:00 a.m. – 5:00 p.m.** A recording fee of \$20.00 is required, and must be remitted at the time of filing by cash, credit card, or check (made payable to the Leon County Clerk of Courts). Upon arrival at the County Clerk's office, you will be provided a blank Affidavit of Amendment of Registered Domestic Partnership (Affidavit of Amendment) and instructed to complete the information on the form, except for those sections that indicate signatures.

We swear or affirm under oath, with penalty of perjury, that the statements and information provided herein are true and correct.

1. We are Registered Domestic Partners in Leon County, Florida, whose Registered Domestic Partnership is recorded in the Official Records of Leon County at Book and Page No. _____.
2. One of our names has been legally changed, pursuant to a court order, and we request an amendment to the Registered Domestic Partnership to reflect that Registered Domestic Partner's new, legal name as follows:

New legal name of Registered Domestic Partner, as indicated in court order:

Printed New Legal Name of Registered Domestic Partner (Last, First, Middle)

Name of Registered Domestic Partner, as indicated on original Affidavit of Registered Domestic Partnership:

Printed Name of Registered Domestic Partner as it appears on Original Affidavit of Registered Domestic Partnership (Last, First, Middle)

3. **We have presented a certified copy of the court order granting the legal name change, requested in #2 above, for review by the County Clerk or his or her designee.**
4. We understand that this Affidavit of Amendment will be recorded in the Official Records of Leon County.

Printed Recording Partner (Last, First, Middle)

Printed Recording Partner (Last, First, Middle)

Signature of Partner (stated above)

Signature of Partner (stated above)

Printed Mailing Address

Printed Mailing Address

City, State, Zip

Telephone

City, State, Zip

Telephone

STATE OF FLORIDA
COUNTY OF LEON

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20 ____ by

Printed Name of Recording Partner who produced _____ as identification and

Printed Name of Recording Partner who produced _____ as identification.

Signature of Deputy Clerk