

OFFICE USE ONLY
Date Received: _____
Date Effective: _____



City of Hopkins Application for Registration as a Domestic Partnership

We hereby apply to register as Domestic Partners.

___ We have read and understand the terms and conditions of Section 1025 of the Hopkins City Code of Ordinances attached to this registration.

___ We affirm that we meet the definition of Domestic Partners and are eligible for registration.

___ We have enclosed a check for \$25.00, made payable to the City of Hopkins for the application fee.

Once application approved, one certificate will be issued to each applicant free of charge. Extra certificates are available for \$2.00 per copy.

Applicant Information

Names

Print _____ Sign _____ Date _____

Print _____ Sign _____ Date _____

Address

Street _____ City Hopkins State MN Zip _____

Information collected on this document is public and will be available to whoever requests this data pursuant to the Minnesota Government Data Practices Act.

STATE OF MINNESOTA
COUNTY OF _____

The foregoing instrument was acknowledged and signed before me this _____ day of _____, _____.

by _____ and _____.
Applicant Name Applicant Name

Notary Public
My Commission expires on _____ (Seal)

Return to: City Clerk's Office, 1010 1st St S, Hopkins, MN 55343
For information call the City Clerk's Office 952-548-6304