

**HILLSBOROUGH COUNTY AND CITY OF TAMPA
AMENDMENT OF DOMESTIC PARTNERSHIP OR HEALTH, EDUCATION & LIFE PLANNING (HELP) AFFIDAVIT**

The partners or affiants to the registered Domestic Partnership or HELP Affidavit swear or affirm under penalty of perjury that:

Affiant Registration Number _____ between _____ and _____ is hereby amended in order to reflect a change in:

1. The legal name of a domestic partner or affiant has changed as follows:
_____ (Name change) or

2. The list of dependents has changed as follows:

(List all current dependents of the Domestic Partnership.)

Signature of Domestic Partner/Affiant

Signature of Domestic Partner/Affiant

Print Name

Print Name

Date of Birth

Date of Birth

(Notarization Required)

State of _____
County of _____

Sworn to and subscribed before me this _____ day of _____ 20____ by _____ and _____ who are personally known or has produced identification _____.

Signature of Notary Public

(Seal)

A filing fee of \$25 is required and must be remitted to the Clerk of the Circuit Court at the time of filing this Amendment

If filing by mail, applicant must provide return address

Name: _____

Address: _____

City, State Zip: _____