



CITY of CRYSTAL

4141 Douglas Drive North • Crystal, Minnesota 55422-1696

Tel: (763) 531-1000 • www.crystalmn.gov

Office Use Only

Registration Date: _____

Date Mailed: _____

Code: 0100.4414

Registration

No. _____

City of Crystal Application for Registration as Domestic Partners

We hereby apply to register as Domestic Partners.

This form (2 sided) must be signed in front of a Notary Public.

- We have read and understand the terms and conditions of Chapter 3, Section 340 of the Crystal City Code attached to this registration.
- We affirm that we meet the definition of Domestic Partners Section 340.02 below and are eligible for registration.

Any two adults who meet all the following:

1. Are not related by blood closer than permitted under marriage laws of the state.
2. Are not married.
3. Are competent to enter into a contract.
4. Are jointly responsible to each other for the necessities of life.
5. Are committed to one another to the same extent as married persons are to each other, except for the traditional marital status and solemnities.
6. Do not have any other domestic partner(s).
7. Are both at least 18 years of age.
8. At least one of whom resides in Crystal or is employed in Crystal.

- We have enclosed a check for \$40.00, made payable to City of Crystal for the application fee.

Partner 1

Print Full Name _____ Date _____

Partner 2

Print Full Name _____ Date _____

Partners' Address

Street _____ City _____ State _____ Zip _____

THE MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. We are requesting this data to determine your eligibility for a license from the City of Crystal. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data; however, refusing to supply the data may cause your license to not be processed. Under MS 270.72, the City of Crystal is required to provide the Minnesota Department of Revenue your MN Tax ID Number or Social Security Number. This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest. The Department of Revenue may supply information to the Internal Revenue Service. In addition, this data can be shared by Crystal City Staff, the State of Minnesota Driver License Section, Hennepin County Auditor, Bureau of Criminal Apprehension, Hennepin County Warrant Office, and Ramsey County Warrant Office. Your signature on this application indicates you understand these rights. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternative address and telephone number. Please sign below to indicate you have read this notice.

SIGNATURE

SIGNATURE

- I request that my residence address and telephone number be considered private data. My alternative address and telephone number are as follows:

Address: _____ Phone Number: (_____) _____

**City of Crystal
Domestic Partner Registration**

Partner 1

I hereby certify all the information given is complete and accurate.

X _____ X _____
Applicant's Signature Date

Subscribed and sworn to before me, a Notary Public on this _____ day of _____, 20 ____

Notary Public
My Commission expires on _____

(Seal)

Partner 2

I hereby certify all the information given is complete and accurate.

X _____ X _____
Applicant's Signature Date

Subscribed and sworn to before me, a Notary Public on this _____ day of _____, 20 ____

Notary Public
My Commission expires on _____

(Seal)

Return to: City Clerk's Office, 4141 Douglas Drive N, Crystal, MN 55422
Phone: (763) 531-1145