



Domestic Partnership Statement of Change

☐ **Name Change of Partner (no fee)**

☐ **Address Change of Partnership (no fee)**

☐ **Termination of Partnership (By Reason of Death)**

DOMESTIC PARTNERSHIP STATEMENT OF CHANGE

☐ I request a replacement wallet card(s) for \$10 each after the Statement of Change has been filed

☐ I request a new certificate(s) for \$5 each after the Statement of Change has been filed

Total payment amount enclosed is \$_____

- PARTNER 1 (original name registered) -

***NEW* NAME TO BE REGISTERED**

- PARTNER 2 (original name registered) -

***NEW* NAME TO BE REGISTERED**

Revised 09/11

- PARTNERSHIP ADDRESS AS CURRENTLY REGISTERED -**Street** Address: _____

City _____ State _____ Zip Code _____

NEW* ADDRESS TO BE REGISTERED*Street** Address: _____

City _____ State _____ Zip Code _____

SIGNATURES*This document is to the best of my knowledge, true and correct.*

X _____	Signature of Partner 1	Printed Name	Date	Phone
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X _____	Signature of Partner 2	Printed Name	Date	Phone
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INSTRUCTIONS - DOMESTIC PARTNERSHIP STATEMENT OF CHANGE**USE DARK INK ONLY.** Fill out the form completely.

- Select all filing options that apply using the top left section of the form.
- List the Partnership Registration Number as recorded with the Secretary of State, in the box provided on the top right section of the form.
- **NOTE: Termination of Partnership** (By Reason of Death) must be accompanied by a death certificate copy (certified copies are not necessary). There is no filing fee for a Termination of Partnership (By Reason of Death). You may mark the selection, complete the Partnership Registration number, attach the death certificate, and sign at the space provided on the form.

When submitting a Statement of Change application to change one or both partner's name(s), **the application must include a "filed" copy** of the legal name change that has been filed with the courts.

Partner 1 (for name and/or address change)

Complete the name, place of birth, date of birth, current and/or new address of the Domestic Partnership.

Partner 2 (for name and/or address change)

Complete the name, place of birth, date of birth, current and/or new address of the Domestic Partnership.

SignatureThe form provides space for partners to sign. A notarized signature **is not** required for either partner to file the Domestic Partnership Statement of Change.**Additional Information**

After the date of filing, new certificates are available from the Corporations Division for a fee of \$5.00 each. Replacement wallet cards are available for a fee of \$10.00 each. If you wish to order new cards or certificates using this form, please mark the section at the beginning of the form and enclose the appropriate fee.

Fees: There is **NO** filing fee for Domestic Partnership Statement of Change. If you are ordering replacement wallet cards or new certificates, please make the checks or money orders payable to "Secretary of State."

Mail completed forms and payment to:

Secretary of State, Corporations and Charities Division, 801 Capitol Way S, PO Box 40234, Olympia WA 98504-0234

If you have questions, need assistance, or would like to provide feedback please visit the Corporations Division website at www.sos.wa.gov/corps or call 360-725-0377.