



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH**

ADDITIONS OR CORRECTIONS TO DOMESTIC PARTNERSHIP RECORD

File Number: _____	File Date: _____	Accepted By: _____
Full Name of Partner (1) _____ Last First Middle		
Full Name of Partner (2) _____ Last First Middle		
Description of Addition (s) or Correction (s): 		

I hereby certify that I am legally entitled to make the above addition/correction to the described record on file in the Vital Records Division: Department of Health, District of Columbia Government:

Signature of Partner 1 or 2	Current Address:
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**SWORN TO SUBSCRIBE BY THE INFORMANT IN MY PRESENCE ON THE ____
DAY OF _____ ON THE YEAR _____.**

NOTARY PUBLIC