



**CITY OF SHOREWOOD**  
 5755 COUNTRY CLUB ROAD  
 SHOREWOOD, MINNESOTA 55331  
 (952) 960-7900

# APPLICATION FOR REGISTRATION AS A DOMESTIC PARTNERSHIP

*City Code Chapter 110*  
*\$25 Registration Fee payable to City of Shorewood*

*Office Use Only*

Registration No: \_\_\_\_\_

Date Effective: \_\_\_\_\_

Receipt No. \_\_\_\_\_

*Applications will be processed within five business days of date received.*

**We hereby apply to register as Domestic Partners on this Date:** \_\_\_\_\_

*Each applicant initial:*

\_\_\_\_\_ I have read and understand the terms and conditions of Chapter 110 of the Shorewood City Code attached to this application.

\_\_\_\_\_ I affirm that we meet the definition of Domestic Partner and are eligible for registration.

## APPLICANT INFORMATION

\_\_\_\_\_  
 PRINT FIRST, MI, LAST NAME

\_\_\_\_\_  
 PRINT FIRST, MI, LAST NAME

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 PRINT ADDRESS OF RESIDENCE IN SHOREWOOD, MN

\_\_\_\_\_  
 ZIP CODE

*Upon approval, one certificate will be issued to each applicant; additional certificates are available for \$2 each*

We request \_\_\_\_\_ additional certificate(s) at a cost of \$2.00 each (*applicant must add additional fee to payment*)

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

**STATE OF MINNESOTA**  
**COUNTY OF** \_\_\_\_\_

The foregoing instrument was acknowledged and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_ and \_\_\_\_\_  
 Applicant Name Applicant Name

\_\_\_\_\_  
 Notary Public  
 My Commission Expires on \_\_\_\_\_

*(Notary Stamp)*