



City of Sedona Civil Union Registration Statement

We the undersigned declare that:

1. We are in a relationship of mutual support, caring and commitment and are responsible for each other's welfare;
2. Neither of us is in a marriage expressly recognized by the State of Arizona or in any domestic partnership and/or civil union with another person;
3. We are both at least 18 years of age;
4. We are not related by blood closer than would bar marriage in the State of Arizona, and we are mentally competent to consent to contract;
5. We will file a Civil Union Termination Statement if there is a change in the status of our relationship such that we cease to meet the criteria for a Civil Union.
6. We are aware that in addition to this Registration Statement, we have the option (but not the requirement) of filing a Statement of Shared Intent and/or a List of Agreements that document the rights, responsibilities and obligations that we have established between us.
7. **We acknowledge and understand that all documents we provide to the City of Sedona in connection to the registration of our Civil Union are public record and shall be subject to disclosure by the City upon request.**

First M.I. Last

First M.I. Last

Date of Birth

Date of Birth

Mailing Address

Mailing Address

City State Zip

City State Zip

Signature

Signature

Subscribed and sworn to (or affirmed)
before me on this _____ day of
_____, 20____

Subscribed and sworn to (or affirmed)
before me on this _____ day of
_____, 20____

by _____

by _____

State of Arizona
County of _____

State of Arizona
County of _____

Notary Public

Notary Public

My Commission Expires:

My Commission Expires:
