



WASHINGTON
Secretary of State
Corporations & Charities Division

Corporations & Charities Division
Physical/Overnight address:
801 Capitol Way S
Olympia, WA 98501-1226
Mailing address:
PO Box 40234
Olympia, WA 98504-0234
Tel: 360.725.0377
sos.wa.gov/corps

INSTRUCTIONS: DOMESTIC PARTNERSHIP STATEMENT OF CHANGE RCW 26.60

Purpose: The general purpose of the form is to report changes to the domestic partnership on record with our office. Please note that if the termination of partnership (by reason of death) is selected a copy of the death certificate must be attached (certified copies are not necessary).

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. A fillable .pdf version of this form is available for download at sos.wa.gov/corps/domesticpartnerships

Mail: Send the completed form and payment to the address listed above.

Payment: Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

Fees: There is no filing fee for this form.

Expedited Service: If expedited service is requested, include an *additional* \$50 fee and check the box indicating expedited service on page one.

ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.

(1) Registration Number: Enter the registration number associated with your Washington State Registered Domestic Partnership.

(2) Wallet Card and Certificate Replacement Request: A replacement wallet card or new certificate can be issued if requested upon the completion of the statement of change.

- Select if you want to receive a replacement wallet card. If selected provide the number of replacement cards and enter in the total amount due. *Example if 2 are requested the total fee entered would be \$20*
- Select if you want to receive a new certificate. If selected provide the number of new certificates and enter in the total amount due. *Example if 2 are requested the total fee entered would be \$10*

(3) Partner Name Change: If one or both partners are changing their name, provide the name(s) as they currently appear registered. Then provide the new name exactly as it should be updated. A copy of the official court document reflecting each name change is required in order to complete the name change with our office.

(3) Current Partner Address: Provide the current address for either partner including the email address and phone number.

(4) Partner Signatures: The signature, printed name, and the signature date are required for both partners.

If you have questions, need assistance, or would like to provide feedback, please visit the Corporations Division for Domestic Partnerships website at sos.wa.gov/corps/domesticpartnerships, email domesticpartnership@sos.wa.gov by phone at 360-725-0377 opt 3 or visit our website for a chat option with a representative.



WASHINGTON
Secretary of State
Corporations & Charities Division

Contact Information
Tel: 360.725.0377
www.sos.wa.gov/corps

This Box For Office Use

Physical/Overnight address: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address: PO Box 40234 Olympia, WA 98504-0234

No filing fee for any selection, unless expedite is selected.

- ☐ Name change of Partner
- ☐ Address change of Partnership
- ☐ Termination of Partnership *(by reason of death) copy of death certificate is required to be attached*
- ☐ To Expedite Filing, Add \$50

DOMESTIC PARTNERSHIP STATEMENT OF CHANGE

RCW 26.60

(1) REGISTRATION NUMBER: Required _____

(2) WALLET CARD AND CERTIFICATE REPLACEMENT REQUESTS: Optional

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

Quantity of replacement wallet cards being requested: _____ @ \$10 each = \$ _____

- ☐ I request a new certificate for \$5 each after the Statement of Change has been filed.

Quantity of new certificates being requested: _____ @ \$5 each = \$ _____

Total payment amount enclosed for wallet card and certificate replacement: \$ _____

(3) PARTNER NAME CHANGE: Required only if changing

Required: Attach a copy of filed court document for official documentation of each name change.

Partner 1	Partner 2
Registered Name: _____	Registered Name: _____
New Name: _____	New Name: _____

(4) CURRENT PARTNER ADDRESS: Required

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

(5) PARTNER SIGNATURES: Both signatures required unless a termination (by reason of death)

I/We hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Partner 1 Signature _____	Printed Name _____	Date _____
Partner 2 Signature _____	Printed Name _____	Date _____