



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.

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.

Email: An email address is required on all documents submitted to this office. Existing email addresses will be used for notifications unless replaced via a filing with this office. Archived emails from previous filings will continue to be used for all notifications.

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* \$100 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.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at www.sos.wa.gov/corporations to chat with a representative.



WASHINGTON
Secretary of State
Corporations & Charities Division

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

See website for overnight address by commercial carrier

Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

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

- ☐ Name change of Partner
☐ Address change of Partnership
☐ To Expedite Filing, Add \$100

THIS BOX FOR OFFICE USE ONLY

DOMESTIC PARTNERSHIP STATEMENT OF CHANGE
RCW 26.60

All fields are REQUIRED unless otherwise specified

(1) REGISTRATION NUMBER: _____

(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:

Address: _____

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

Email: _____ **Phone:** _____

(5) PARTNER SIGNATURES: *Both signatures are required*

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