



PHILADELPHIA COMMISSION ON HUMAN RELATIONS

601 Walnut Street, Suite 300 South, Philadelphia, PA 19106 · (215) 686-4670(p) (215) 686-4684(f)

LIFE PARTNERSHIP REGISTRATION PACKET

Certificate of
Life Partnership
This certifies that

have been approved by the Philadelphia Commission on Human Relations as Life Partners
on the ___ day of ___ 20__

Rue Landau, Esquire
Executive Director

Reynelle Brown-Staley, Esquire
Deputy Director

The City of Philadelphia Commission on Human Relations, hereby certifies that the individuals named above have filed a Life Partnership Verification Statement. The Commission has determined that the Life Partnership meets all the criteria of Section 0-210201(a) and all affidavits submitted by the individuals in accordance of Section 0-2102 of the Philadelphia Code "Fair Practices Ordinance".

About this Packet

This packet is designed to help you register
as Life Partners with the City of
Philadelphia

**We look forward to receiving your
registration.**

Enclosed in this packet are the following materials:

- Instructions
- Guide
- Verification Statement

Need Help?

If you have questions,
please call (215) 686-4670



Life Partnership Registry



INSTRUCTIONS

Here is a simple step-by-step set of instructions to register your Life Partnership with the City of Philadelphia.

1. REVIEW THE CONTENTS OF THIS PACKET

Familiarize yourself with the, guide and forms.

2. COMPLETE A LIFE PARTNERSHIP VERIFICATION STATEMENT

Be sure to type or print legibly in blue or black ink.

3. PREPARE AND ATTACH COPIES OF SUPPORTING DOCUMENTS

Make photocopies of supporting documents you are submitting as evidence with your Life Partnership Verification Statement. You must provide proof to meet at least two (2) out of the six (6) criteria. Be sure to attach legible photocopies of these documents to the Verification Statement.

4. MAKE YOURSELVES A PHOTOCOPY

For your records, make a photocopy of your completed Verification Statement.

5. SUBMIT YOUR VERIFICATION STATEMENT

Mail or hand deliver your completed Verification Statement with attachments to our offices. You may also register in person.

6. CEREMONIAL 'CERTIFICATE OF LIFE PARTNERSHIP' REQUEST – OPTIONAL

You may request a ceremonial 'Certificate of Life Partnership' for a fee of \$10 by checking the box on the Life Partnership Verification Statement. Please make checks payable to the "City of Philadelphia."

Your Verification Statement and supporting documents will be reviewed by staff. Approved applicants will receive a 'Life Partnership Acceptance Letter' by mail, which serves as official proof of registration. If requested, a ceremonial 'Certificate of Life Partnership' will accompany the letter.

If you have questions about the Life Partnership Registry, please contact the Philadelphia Commission on Human Relations by telephone at (215) 686-4670 or by email at faqpchr@phila.gov.

The Curtis Center 601 Walnut Street, Suite 300 South, Philadelphia, PA 19106 (215) 686-4670
www.phila.gov/humanrelations



Life Partnership Registry



GUIDE

This guide outlines the law and forms necessary to register your Life Partnership with the City of Philadelphia.

DEFINITION OF LIFE PARTNERSHIP

Section 9-1102(1)(r) of the City's Fair Practices Ordinance defines a Life Partnership as:

A long-term committed relationship between two unmarried individuals of the same gender who:

1. are residents of the City of Philadelphia; or one of whom is employed in the City, owns real property in the City, owns and operates a business in the City, or is a recipient of or has a vested interest in employee benefits from the City of Philadelphia;
2. are at least 18 years old and competent to contract;
3. are not related to each other by blood in any way which would prohibit marriage in the Commonwealth of Pennsylvania;
4. have no other Life Partner but the other person;
5. have not been a member of a different Life Partnership for the past twelve months unless the prior Life Partnership ended as a result of the death of the other Life Partner;
6. agree to share the common necessities of life and to be responsible for each other's common welfare;
7. share at least one residence with the other Life Partner; and
8. agree under penalty of law to notify the Commission of any change in the status of the Life Partnership.

VERIFICATION OF LIFE PARTNERSHIP

Section 9-1123 of the Fair Practices Ordinance describes how to verify your Life Partnership, including what evidence must be provided to prove that you have been “interdependent” for at least three months prior to signing your Verification Statement. That section states:

No Life Partnership shall be recognized as such under the Fair Practices Ordinance unless the members of the Life Partnership have verified the Life Partnership by filing with the Commission, on penalty of perjury, a Verification Statement in the form required by the Commission.

Members of the Life Partnership must file with the Commission proof that the Life Partners have been interdependent for at least three (3) months prior to the date the Verification Statement is filed, such proof to include at least two of the following:

- a. Common ownership of real property or a common leasehold interest in property;
- b. Common ownership of a motor vehicle;
- c. Driver’s licenses or other state-issued identification listing a common address;
- d. Proof of joint bank accounts or credit accounts;
- e. Proof of designation as a beneficiary for life insurance or retirement benefits, or beneficiary designation under a partner’s will;
- f. Proof of appointment as attorney-in-fact or agent under a partner’s durable power of attorney or health care power of attorney.

TERMINATION OF LIFE PARTNERSHIPS

One or both members of a Life Partnership may elect to terminate the partnership. Pursuant to Section 9-1124 of the Fair Practices Ordinance, if a Termination Statement is signed by both Life Partners, it becomes effective sixty (60) days from the date the Termination Statement is filed with the Commission. If a Termination Statement is not signed by both Life Partners, it becomes effective sixty (60) days from the date the Termination Statement Proof of Service (setting forth that a copy of the Individual Life Partnership Termination Statement was served, personally or by certified or registered mail, on the other Life Partner) is filed with the Commission. For the

purposes of that provision, service by certified or registered mail to the other Life Partner at his or her last known address shall be deemed sufficient service.

LIFE PARTNERSHIP FORMS

The following forms are approved as the official forms which must be used pursuant to Sections 9-1123 and 9-1124 of the Philadelphia Fair Practices Ordinance:

- A. Life Partnership Verification Statement
- B. Joint Life Partnership Termination Statement
- C. Individual Life Partnership Termination Statement
- D. Termination Statement Proof of Service

FEES

The Commission will issue letters accepting or rejecting Verification Statements without a fee. Applicants whose Verification Statements have been accepted may also request a ceremonial certificate evidencing the verification of their Life Partnership, for a fee of Ten Dollars (\$10.00).



Philadelphia Commission on Human Relations

Life Partnership Verification Statement

We hereby certify that we are members of a Life Partnership meeting each of the following requirements for the existence of a Life Partnership set forth in Section 9-1102(1)(r) of the Philadelphia Fair Practices Ordinance.

1. We are in long-term committed relationship between two (2) unmarried individuals of the same gender;
2. We are residents of the City of Philadelphia; or one (1) of us is employed in the city, owns real property in the City, owns and operates a business in the City, or is a recipient of or has a vested interest in employee benefits from the City of Philadelphia;
3. We are both at least eighteen (18) years old and competent to contract;
4. We are not related to each other by blood in any way which would prohibit marriage in the Commonwealth of Pennsylvania;
5. We have no other Life Partner but each other;
6. Neither of us have been members of a different Life Partnership at any point during the past twelve (12) months (unless the prior Life Partnership ended as a result of the death of the other Life Partner);
7. We agree to share the common necessities of life and to be responsible for each other's common welfare;
8. We share at least one (1) residence with each other; and
9. We agree under penalty of law to notify the Commission of any change in the status of the Life Partnership.

We are submitting with this Verification Statement evidence that we have been interdependent for at least three (3) months prior to the date this Verification statement is filed, including proof of at least two (2) of the following (check those items for which proof is submitted).

- Common ownership of real property or a common leasehold interest in property.
- Common ownership of a motor vehicle.
- Driver's licenses or other state-issued identification listing a common address.
- Proof of joint bank accounts or credit accounts.
- Proof of designation as a beneficiary for life insurance or retirement benefits, or beneficiary designation under a partner's will.
- Proof of appointment as attorney-in-fact or agent under a partner's durable power of attorney or health care power of attorney.

If our Life Partnership should terminate, we agree to provide the Philadelphia Commission on Human Relations a Life Partnership Termination Statement within thirty (30) days of the date of termination.

We declare under penalty of perjury that all of the information that we have provided on this form is true, correct and complete to the best of our knowledge. We acknowledge that false statements on this form are punishable pursuant to 18 Pa. C.S. Section 4904 (unsworn falsification to authorities).

Print Name

Print Name

Date

Date

Address - Street

Address - Street

Address – City, State, Zip

Address – City, State, Zip

Telephone Number

Telephone Number

City I.D. # (if applicable)

City I.D. # (if applicable)

Signed

Signed