



Domestic Partnership Address Change Form

Previous Applicant Information			
Applicant 1:		Applicant 2:	
Address:		City:	State: Zip:
Phone:		Original Registration Effective Date:	
New Address			
Current Phone:			
Address:		City:	State: Zip:
By signing, we, the applicants, agree that these changes are accurate.			
Signature 1:			Date:
Signature 2:			Date:

Privacy Notice: All information on file with the City pertaining to domestic partnership registration is classified as public data pursuant to the Minnesota Government Data Practices Act.

Submission Options:

- In person, or by mail, to the City Clerk’s Office, 201 4th Street SE, Rochester, MN 55904
- By email to licenses@rochestermn.gov.
- No fee is charged for address changes.

OFFICE USE ONLY
Date Received: _____
Effective Date: _____