

# **Life Partnership Verification Statement Checklist**

Na	me 1: Name 2:
Addre	ss, City, State, and Zip Code:
interd	ne following items have been submitted as pre-approval that the individuals have been ependent for at least three (3) months prior to signing the Verification Statement. At least (2) items must be submitted with dates showing interdependency for 90 days or more.
	(Check only those items for which proof is submitted.) Common ownership leasehold of interest in real property
	Common ownership of a motor vehicle
	Driver's licenses or other state-issued identification listing a common address
	Proof of joint bank accounts
	Proof of joint bank credit accounts
	Proof of designation as a beneficiary for life insurance
	Proof of retirement benefits
	Proof of beneficiary designation under a partner's will
	Proof of appointment as attorney-in-fact or agent under a partner's durable POA
	Proof of health care power of attorney
The it	ems checked above have been reviewed:
	Pre-approved Rejected
Reviev	ver's Name:Date:



# **Instructions for Registering Your Life Partnership**

This document serves as a comprehensive guide to registering your Life Partnership with the City of Philadelphia. Please follow the steps carefully to ensure a smooth application process.

# **Step-by-Step Instructions**

### 1. Read and Review the Life Partnership Qualification Guideline (LP1-2024),

### 2. Complete the Life Partnership Verification Statement Checklist

 Fill out the Life Partnership Verification Statement Checklist (LP3-2024), using blue or black ink only.

### 3. Prepare Supporting Documents

• Collect and make photocopies of at least two documents that meet the established criteria outlined in Life Partnership Verification Statement Checklist (LP3-2024).

#### 4. Submit Your Application for Pre-approval via Email

- Please email your Life Partnership Verification Statement Checklist (LP3-2024) and copies of two supporting documents to **lifepartnership@phila.gov** for review.
- Mail-in requests are no longer accepted

## 5. Approval and Appointment Scheduling

- Upon review and pre- approval, you will receive further instructions to schedule an inperson appointment to finalize your registration.
- Durning this appointment
  - o Both individuals will need to present government issues photo ID
  - Original documents from the Life Partnership Verification Statement Checklist must be presented. No photocopies will be accepted.
  - Applicants whose Verification Statements are accepted will be charged a Forty
     Dollars (\$40.00) filing fee and may request a ceremonial certificate evidencing
     the verification of their Life Partnership for a fee of Ten Dollars (\$10.00)
- Office Hours: 8:00 AM 4:00 PM (Last appointment at 3:15 PM).

### **Payment Information**

Please note that the Orphans' Court does not accept personal checks or cash. Acceptable payment methods include:

- Visa or MasterCard
- Money orders

#### **Contact Information**

For any questions or further assistance, please reach out via email at <u>lifepartnership@phila.gov</u> or 215-686-2233



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Address, City, State, and Zip Code:		
, <b>v</b>		

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