- (3) (I) THE INDIVIDUALS ARE OF THE SAME SEX; OR
 - (II) THE INDIVIDUALS ARE OF THE OPPOSITE SEX;
- (4) NEITHER INDIVIDUAL IS MARRIED OR IS A MEMBER OF A CIVIL UNION OR DOMESTIC PARTNERSHIP WITH ANOTHER INDIVIDUAL A THIRD PARTY:
- (5) THE INDIVIDUALS AGREE TO BE IN A RELATIONSHIP OF MUTUAL INTERDEPENDENCE;
- - (A) THE SECRETARY SHALL DEVELOP:
 - (1) A "DECLARATION OF LIFE PARTNERSHIP" FORM; AND
 - (2) A "NOTICE OF TERMINATION OF LIFE PARTNERSHIP" FORM.
- (B) (1) THE SECRETARY SHALL DISTRIBUTE "DECLARATION OF LIFE PARTNERSHIP" FORMS AND "NOTICE OF TERMINATION OF LIFE PARTNERSHIP" FORMS TO EACH COUNTY CLERK AND SHALL MAKE THE FORMS AVAILABLE IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND IN LOCAL HEALTH DEPARTMENTS.
- (2) (I) THE SECRETARY SHALL MAKE THE FORMS AVAILABLE ON THE DEPARTMENT'S WEBSITE.
- (II) <u>EACH COUNTY CLERK SHALL MAKE THE FORMS AVAILABLE ON</u> THE COUNTY CLERK'S WEBSITE.
- <u>(II) THE FEE CHARGED SHALL BE SET TO COVER THE</u>
 DEPARTMENT'S COSTS TO CARRY OUT THE PROVISIONS OF THIS TITLE.
- (2) THERE SHALL BE NO FEE CHARGED THERE SHALL BE NO FEE CHARGED THE SECRETARY SHALL SET A REASONABLE FEE, BASED ON THE COSTS OF PROCESSING THE FORMS, FOR FILING A "NOTICE OF TERMINATION OF LIFE PARTNERSHIP" FORM.
- (D) THE FORMS SHALL BE MAILED TO THE SECRETARY BY CERTIFIED MAIL ACCORDING TO INSTRUCTIONS PROVIDED ON THE FORMS.
- (E) THE SECRETARY SHALL ONLY PROVIDE CONFIRMATION OF THE IDENTITY
 OF AN INDIVIDUAL OR COUPLE ON THE LIFE PARTNERSHIP REGISTRY IF:
- (1) THAT INFORMATION IS REQUESTED BY A PERSON AUTHORIZED TO REQUEST THE INFORMATION BY REGULATIONS ADOPTED UNDER THIS TITLE; AND