

**Disclaimer: The forms provided on this website are intended only as GUIDELINES and are provided as examples of the type of form that may be used. The Clerk cannot advise whether a form is appropriate for your circumstance. To ensure that you are using the appropriate form and that it is completed correctly, The Clerk recommends that you seek legal counsel.**

**Declaration of Domicile**

To the Clerk of the Circuit Court Indian River County, Florida.

This is my declaration of domicile in the State of Florida that I am filing this day in accordance and in conformity with Section 222.17 Florida Statutes.

**FOR DOMICILIARIES OF THE STATE OF FLORIDA:**

I hereby declare that I reside in and maintain a place of abode at:

\_\_\_\_\_  
*(street and number)*  
\_\_\_\_\_, Florida  
*(city and county)*

which place of abode I recognize and intend to maintain as my permanent home and, if I maintain another place or places of abode in some other state or states, I hereby declare that my above-described residence and abode in the State of Florida constitutes my predominant and principal home, and I intend to continue it permanently as such. I am, at the time of making this declaration, a bona fide resident of the State of Florida residing at:

\_\_\_\_\_  
*(street and number)*  
\_\_\_\_\_, Florida  
*(city and county)*

I formerly resided at:

\_\_\_\_\_  
*(street and number)*  
\_\_\_\_\_  
*(city, county and state)*

and the place or places where I maintain another or other place or places of abode are as follows:  
(Here list street address, city, county and state of any other place or places of abode.)

\_\_\_\_\_  
*(street and number)*  
\_\_\_\_\_  
*(city, county and state)*

\_\_\_\_\_  
*(street and number)*  
\_\_\_\_\_  
*(city, county and state)*

\_\_\_\_\_  
*(signature)*  
\_\_\_\_\_  
*(print name)*

\_\_\_\_\_  
*(signature)*  
\_\_\_\_\_  
*(print name)*

STATE OF:

COUNTY OF:

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_,  
by \_\_\_\_\_  
who is/are personally known to me or who has/have produced \_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_  
*(signature of Notary Public, State of Florida)*  
\_\_\_\_\_  
*(Print, type or stamp commissioned name of Notary Public)*