

AFFIDAVIT OF DOMESTIC PARTNERSHIP

I. THE PARTNERS

On _____, this Affidavit (“Affidavit”) declares the following individuals to be considered in a Domestic Partnership:

Partner 1: _____, and

Partner 2: _____.

Partner 1 and Partner 2 shall be referred to as the “Couple” and declare to be domestic partners in accordance with the following criteria:

II. DECLARATION

We, the Couple, affirm that this domestic partnership began on or about _____, and acknowledge the following to be true and correct. Please provide documentation verifying at least 3 of the criteria below.

- a.) We are both at least eighteen (18) years of age and mentally competent to consent;
- b.) We are not related by blood to a degree of closeness that would prohibit legal marriage in the State in which we legally reside;
- c.) We are each other’s sole domestic partner, and we intend to remain so indefinitely;
- d.) Neither of us is legally married to or legally separated from anyone else not have had another domestic partner within the prior six (6) months;
- e) We cohabit and reside together in the same residence and intend to do so indefinitely. We have resided in the same household for at least six (6) months or the legally required time period;
- f.) We are not in this relationship solely for the purpose of obtaining benefits coverage; and
- g.) We are engaged in a committed relationship of mutual caring and support and are jointly responsible for our common welfare and living expenses. Our interdependence is demonstrated by providing documentation confirming at least 3 of the following:

- i.) Common ownership of real property (joint deed or mortgage agreement) or a common leasehold interest in property;
- ii.) Common ownership of a motor vehicle;
- iii.) Drivers licenses both listing a common address;
- iv.) Proof of joint bank accounts or credit accounts;
- v.) Proof of designation as the primary beneficiary for life insurance or retirement benefits, or primary beneficiary designation under a partner's will; or
- vi.) Assignment of a durable financial power of attorney or health care power of attorney (advance directive).

III. CHANGE IN DOMESTIC PARTNERSHIP

We, the Couple, both agree to notify all parties that are offering benefits due to our domestic partnership status within thirty (30) days of any change or termination. In addition, if there is a termination of a domestic partnership, another may not be created for another six (6) months.

IV. ACKNOWLEDGEMENTS

We, the Couple, have provided the information located in this Affidavit for the sole purpose of determining our eligibility for domestic partnership benefits. We further understand that any false or misleading statements made in order to receive benefits for which we do not qualify may be subject to disciplinary action.

Partner 1 Signature: _____ **Date:** _____

Print Name: _____ **Date:** _____

Partner 2 Signature: _____ **Date:** _____

Print Name: _____ **Date:** _____

NOTARY ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which the certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____

On _____, before me, _____, personally appeared _____ and _____ who proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)