



Affidavit of Domestic Partnership

Employee Name (Please Print): _____

Date of Birth: _____ Employee P# _____

Domestic Partner Name (Please Print): _____

Date of Birth: _____

Declaration and Signature

By signing below, we agree that:

1. Our relationship is intended to last indefinitely.
2. We share the same permanent residence and we are financially interdependent .
3. We are not related to each other by blood to a degree of closeness that would prohibit marriage under the laws of the state in which we reside.
4. We are not married to or a Domestic Partner of another person under the statutory or common law.
5. We are responsible for each other's common welfare and financial obligations.
6. We are at least eighteen (18) years of age and mentally competent and legally qualified in our state of residence to contract.

Signature of Employee

Date

Signature of Domestic Partner

Date

NOTARIZATION

STATE OF _____, COUNTY OF _____

Sworn and subscribed before me this _____ day of _____, _____, by

_____ and _____,

Witness my hand and official seal,

Signature and Seal of Notary Public _____

My commission expires _____