

AFFIDAVIT OF DOMESTIC PARTNERSHIP

I. THE PARTNERS

On _____, _____[Year], this affidavit recognizes the following individuals as being in a domestic partnership:

- Partner 1: _____
- Partner 2: _____

These individuals referred to as the “Couple”, declare their domestic partnership according to the following terms.

II. DECLARATION

We, as a Couple, confirm that our domestic partnership began on or around _____, _____[Year]. We agree to the following:

- a) We are both at least 18 years old and mentally competent to consent.
- b) We are not closely related by blood in a way that would prevent a legal marriage in our state of residence.
- c) We are each other’s only domestic partner, with plans to continue this indefinitely.
- d) Neither of us is married to, legally separated from, or has had a different domestic partner in the last six months.
- e) We live together at the same address and intend to continue living together indefinitely.
We have shared a home for at least six months or the minimum time required by law.
- f) Our relationship is not solely for obtaining benefits.

g) We are in a committed relationship, sharing mutual care and support and being jointly responsible for our shared well-being and living expenses. Our interdependence is demonstrated by one of more of the following:

- Joint ownership of property or a shared lease,
- Joint ownership of a vehicle,
- Both have driver's licenses with the same address,
- Shared bank or credit accounts,
- Designating each other as primary beneficiaries on life insurance or retirement accounts, in a will, or
- Granting each other durable financial or healthcare power of attorney.

III. CHANGE IN DOMESTIC PARTNERSHIP

We, as a Couple, agree to inform any parties providing benefits based on our domestic partnership status of any change or termination within 30 days. If the partnership ends, a new domestic partnership cannot be declared for six months.

IV. ACKNOWLEDGEMENTS

We understand that this affidavit is solely for verifying our eligibility for domestic partnership benefits. We acknowledge that any false or misleading information to obtain benefits may result in disciplinary action.

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

Print Name: _____

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

Print Name: _____