

Affidavit of Domestic Partnership

Employee Information

Name: _____ Soc. Sec. Number: _____

Daytime Phone Number: _____ Home Phone Number: _____

Residence Address:

Street: _____

City/State: _____ Zip Code: _____

Partner Information

Name: _____ Soc. Sec. Number: _____

Daytime Phone Number: _____ Home Phone Number: _____

Residence Address:

Street: _____

City/State: _____ Zip Code: _____

Declaration

We, the undersigned _____ and _____
(Print Employee's Name) (Print Partner's Name)

Declare that on _____ we agreed to live as domestic partners
(Insert Date)

in a committed relationship of mutual support and caring as defined in this document, and that we have so lived since that time. We further state that since the time we have held ourselves out publically to be each other's sole domestic partner and intend to remain in such a committed relationship for the foreseeable future. To demonstrate our status as Domestic Partners, and as proof of benefit eligibility as established by my employer, we are willing to provide *at least three* of the following documents:

- Proof of a common ownership of real property (joint deed or mortgage agreement) or a common leasehold interest in real property
- Proof of common ownership of a motor vehicle
- Proof of a joint bank account or credit account
- Beneficiary designation form for a retirement plan or life insurance policy signed and completed to the effect that one domestic partner is the official beneficiary of the other
- Will which designated the other as a primary beneficiary of the other
- Durable power of attorney or health care power of attorney which appoints the other as agent