

AFFIDAVIT OF DOMESTIC PARTNERSHIP

State of _____

County of _____

I, _____, of _____, _____,
_____ [Address], being duly sworn, do hereby declare under oath as follows:

1. That I am currently in a committed domestic partnership with _____, whose address is _____.
2. That _____ and I share a common residence and have done so since _____.
3. That we are not legally married to one another, nor are we married to or in a domestic partnership with any other person.
4. That we are both at least eighteen (18) years of age and are mentally competent to enter into this domestic partnership.
5. We are not related to one another by blood in a manner that would prohibit marriage under the laws of the state in which we reside.
6. That we share responsibility for our common welfare and basic living expenses, including but not limited to housing, utilities, and other household obligations.
7. That we consider ourselves to be domestic partners and present ourselves as such to family, friends, employers, and the community.
8. That this affidavit is made for the purpose of confirming and certifying the existence of our domestic partnership.

This tightened Affidavit is being used for the following purpose(s):

- Statutory Benefit (California, Nevada, Oregon)
- Employer benefit verification
- Housing or lease agreements
- Insurance purposes
- School or dependent benefits
- Financial account documentation

My Commission Expires: _____