

# Affidavit of Domestic Partnership Confirmation

I, \_\_\_\_\_ (Full Legal Name), residing at \_\_\_\_\_ (Address), hereby affirm and declare the following:

1. I am presently in a domestic partnership with \_\_\_\_\_ (Partner's Full Legal Name).
2. We have been in a mutually exclusive, committed relationship and have shared a primary residence from \_\_\_\_\_ (Start Date).
3. We are both at least eighteen (18) years of age and are not related by blood in any way that would prohibit marriage.
4. Neither of us is married to any other person nor are we in another domestic partnership.
5. We are jointly responsible for each other's welfare and for any basic living expenses.

I affirm under penalty of perjury that the above statements are true and correct to the best of my knowledge.

Date: \_\_\_\_\_

Signature of Affiant:

Printed Name:

Signature of Partner (Optional):

Printed Name:

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public:

My Commission Expires: \_\_\_\_\_