

Domestic Partnership Affidavit Form

Personal Information

Partner 1 Full Name:

Partner 1 Date of Birth:

Partner 2 Full Name:

Partner 2 Date of Birth:

Address:

Affidavit Statement

We hereby declare that we are domestic partners, and we meet the requirements defined by applicable law or policies. We are jointly responsible for our common welfare and share a primary residence.

☐ I affirm the above statement is true.

Signatures

Partner 1 Signature:

Partner 2 Signature:

Date:

Submit