



MULTNOMAH COUNTY

AFFIDAVIT OF MARRIAGE OR DOMESTIC PARTNERSHIP

I, _____, certify that _____ and I
(print employee's name) (spouse/domestic partner's name) (spouse/domestic partner's SSN and date of birth)

CHOOSE ONE:

MARRIAGE

Were legally married on _____ (date) in _____ (county/state).

OR

DOMESTIC PARTNERSHIP – State of Oregon Domestic Partner Registry (available to same-sex partners only)

Became registered as domestic partners under the State of Oregon Domestic Partner Registry on _____ (date). *If you have registered with the State of Oregon Domestic Partner Registry and been issued a certificate, the six (6) month waiting period is waived.*

OR

DOMESTIC PARTNERSHIP – Multnomah County Domestic Partner Registry (available to same- or opposite-sex partners)

Became registered as domestic partners under the Multnomah County Domestic Partner Registry on _____ (date). *If you have registered with the Multnomah County Domestic Partner Registry and been issued a certificate, the six (6) month waiting period is waived.*

OR

DOMESTIC PARTNERSHIP – Shared Residency (available to same- or opposite-sex partners) – For purposes of this affidavit, a Domestic Partnership based on Shared Residency is a relationship between two persons and both members have satisfied the conditions below for at least six months:

- 1) Have jointly shared the same permanent residence since _____ (date) and intend to continue to do so indefinitely;
- 2) Have been each other's sole domestic partner since _____ (date);
- 3) Are not currently married and if previously married, have not been married to anyone else since _____ (date divorce was final).

Both members also:

- 1) Have a close personal relationship with each other;
- 2) Are each eighteen (18) years of age or older;
- 3) Are not related to each other by blood in a degree of kinship closer than would bar marriage in the State of Oregon;
- 4) Were mentally competent to contract when the domestic partnership began;
- 5) Are jointly responsible for each other's common welfare including "basic living expenses", for purposes of this affidavit, "basic living expenses", means the cost of basic food, shelter, and any other expenses of a member of the domestic partnership which are paid at least in part by a program or benefit for which the partner qualified because of domestic partnership. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.

Are and have been each other's partner in a domestic partnership as defined above. We have met all of the criteria listed above as of: _____ (date).

READ AND SIGN BELOW

This affidavit terminates upon the death of either party or by a termination in circumstances attested to in this affidavit. The signing employee must notify the Employee Benefits Office within ninety (90) days after such death or change by filing a Statement of Termination of Marriage/Domestic Partnership. After a Termination of Marriage/Domestic Partnership, an employee requesting enrollment for a new domestic partner must meet the criteria listed above for six (6) months unless the employee obtains State or County Registration of the new domestic partnership. Time in shared residence with a domestic partner before a prior marriage or domestic partnership has been legally dissolved will not help satisfy the six (6) month waiting period.

NOTICE: Signing this affidavit may or may not have legal implications affecting relations between domestic partners beyond the extension of medical or dental insurance coverage for which it is intended. If you desire further information concerning the possible legal consequences of signing this form, please consult an attorney.

I attest that the certification I have provided herein is true and correct to the best of my knowledge.

Employee Signature: _____ Date: _____

Return completed form to: 503/4/Benefits