



**AFFIDAVIT OF DOMESTIC PARTNERSHIP**

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE STATEMENTS BELOW ARE TRUE AND CORRECT.**

**That the partnership between:**

\_\_\_\_\_ **and** \_\_\_\_\_  
PRINT OR TYPE NAME (EMPLOYEE) PRINT OR TYPE NAME (DEPENDENT)

**commenced on:** \_\_\_\_\_, **20** \_\_\_\_ .

We the undersigned, do declare that we meet the requirements which are as follows:

- Both persons have a common residence.
- Neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, resolved, or adjudged a nullity.
- Both persons are not related by blood in any way that would prevent them from being married to each other in this state.
- Both persons are at least 18 years of age.
- Both persons are members of the opposite sex.
- Both persons consent to the jurisdiction of the Superior Courts of California for the purpose of a proceeding to obtain a judgment of dissolution or nullity of the domestic partnership or for legal separation of partners in the domestic partnership, or for any other proceeding related to the partners' rights and obligations, even if one or both partners ceases to be a resident of, or to maintain a domicile in, this state

**The representations are true and correct, and contain no material omissions of fact to the best of our knowledge and belief. Filling an intentionally and materially false Declaration of Domestic Partnership shall be punishable as a misdemeanor.**

**Dated:** \_\_\_\_\_, **20** \_\_\_\_

\_\_\_\_\_  
SIGNATURE (EMPLOYEE)

\_\_\_\_\_  
PRINT OR TYPE NAME (EMPLOYEE)

\_\_\_\_\_  
SIGNATURE (DEPENDENT)

\_\_\_\_\_  
PRINT OR TYPE NAME (DEPENDENT)

<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip</small>

A notary public or other officer completing this certificate verifies only the identity of the individual(s) who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.

State of California County of _____	<b>NOTARIZATION IS REQUIRED</b>
On _____, before me, _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.	
WITNESS my hand and official seal.	
_____ <small>Signature of Notary Public</small>	[SEAL]