



## Affidavit of Registered Domestic Partnership

To enroll your registered domestic partner (same sex) in your health plan, you must complete this form and submit it to UOEAP. Please note that if you have previously filed a Declaration of Domestic Partnership with the State of California (California State Family Code Section 297), you may submit a copy of the Declaration of Domestic Partner in lieu of submitting this form.

**Instructions:** Complete the information below, sign and date the form. Please return the completed form to UC Education Abroad Program, Universitywide Office, 6950 Hollister Avenue, Suite 200, Goleta, CA 93117-5823

Student's Name	Address
City	State Zip
Domestic Partner Name	
<b>Establishment of Domestic Partnership</b>	
<input type="checkbox"/> I confirm that I have a registered domestic partner pursuant to the State of California law.	
Student's Signature	Date
Partner's Signature	Date
<input type="checkbox"/> I have provided a copy of this form to my domestic partner.	