

# DOMESTIC PARTNER AFFIDAVIT

This Domestic Partner Affidavit is made for the primary purpose of establishing eligibility for employer-provided benefits, including but not limited to health, dental, and vision benefits.

## I. DECLARATION OF PARTNERSHIP

**We, the undersigned, hereby declare under penalty of perjury that the following statements are true and correct to the best of our knowledge and belief: A. Partner One Information:**

**Full Legal Name:** [full legal name]

**Date of Birth:** [date of birth]

**Current Residential Address: Street Address:** [street address]

**Unit Number (if applicable):** [unit number]

**City:** [city]

**State:** [state]

**Zip Code:** [zip code]

Last 4 Digits of Social Security Number (if applicable): [last 4 digits of SSN]

### **B. Partner Two Information:**

**Full Legal Name:** [second domestic partner's full legal name]

**Date of Birth:** [second domestic partner's date of birth]

**Current Residential Address: Street Address:** [second domestic partner's current residential address street address]

**Unit Number (if applicable):** [second domestic partner's current residential address unit number]

**City:** [second domestic partner's current residential address city]

**State:** [second domestic partner's current residential address state]

**Zip Code:** [second domestic partner's current residential address zip code]

Last 4 Digits of Social Security Number (if applicable): [last 4 digits of the second domestic partner's Social Security Number]

## II. AFFIRMATIONS AND CONDITIONS

**We affirm the following:** 1. **Age:** Both partners are eighteen (18) years of age or older.

2. **Marital Status:** Neither partner is currently married to, or in a registered domestic partnership or civil union with, anyone else.

3. **Blood Relation:** We are not related by blood in a way that would prohibit marriage in the State of California, pursuant to California Family Code Section 297.
4. **Common Residence:** We do not currently reside together.
5. **Exclusivity and Mutual Commitment:** Our relationship is not exclusive and mutually committed.
6. **Joint Financial Responsibilities:** We do not share joint financial responsibilities or arrangements.
7. **Dependent Children:** We do not have any dependent children.
8. **Governmental Registration:** We have not registered our partnership with any governmental entity.
9. **Prior Partnerships:** Neither partner has previously been in a registered domestic partnership or civil union.
10. **Mutual Responsibility for Welfare and Expenses:** We do not acknowledge mutual responsibility for each other's welfare and basic living expenses.

### **III. ACKNOWLEDGMENT**

We understand that eligibility for employer-provided benefits as domestic partners is determined by the specific terms and conditions of the employer's benefit plan and applicable laws. We further acknowledge that failure to meet the ongoing requirements of a domestic partnership as defined by the benefit plan, or failure to notify the relevant parties of any change in our domestic partnership status, may result in the termination of benefits or other consequences as outlined by the benefit plan.

### **IV. OATH AND ATTESTATION**

We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on this [day] day of [month], [year], at [city], [state].

#### **PARTNER ONE**

**Signature:** \_\_\_\_\_

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

**Print Name:** [full legal name]

**Address:** [current residential address street address], [current residential address city], [current residential address state] [current residential address zip code]

\*\*PARTNER