

**STATE OF**  
**DECLARATION OF DOMESTIC PARTNERSHIP**

*We, the undersigned, do hereby declare ourselves to be domestic partners in accordance with the laws and regulations of the jurisdiction. We certify under penalty of perjury that we meet the criteria set forth below.*

**PARTNER 1 INFORMATION**

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LEGAL LAST NAME

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FIRST NAME & MIDDLE INITIAL

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CURRENT RESIDENTIAL ADDRESS (NO P.O. BOXES)

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CITY, STATE, ZIP CODE

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DATE OF BIRTH

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**PARTNER 2 INFORMATION**

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LEGAL LAST NAME

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FIRST NAME & MIDDLE INITIAL

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CURRENT RESIDENTIAL ADDRESS (NO P.O. BOXES)

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CITY, STATE, ZIP CODE

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DATE OF BIRTH

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**JOINT DECLARATION AND AFFIRMATION**

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We share a common residence and intend to do so indefinitely.

We are both at least eighteen (18) years of age and are competent to enter into a contract.

Neither of us is married to, or in a registered domestic partnership with, any other person.

We are not related by blood in a way that would prevent marriage in this state.

We agree to file a joint declaration of termination of this partnership if there is a change in our status such that we no longer meet the criteria of this partnership.

SIGNATURE OF PARTNER 1

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DATE

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SIGNATURE OF PARTNER 2

DATE

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**NOTARY PUBLIC ACKNOWLEDGEMENT**

State of County of

On this, the day of , 20, before me, the undersigned officer, personally appeared and , known to me (or satisfactorily proven) to be the persons whose names are subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein contained.

**NOTARY PUBLIC SIGNATURE**

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**MY COMMISSION EXPIRES**

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**FOR OFFICIAL USE ONLY**

Date Received:	Filing Fee Paid:	Registration Number:
Effective Date:	Reviewed By:	Signature of Registrar: