

PRINTED Name of Domestic Partner

Last name

First name

M.I.

Signature of Domestic Partner _____

Date Signed / /

Date Domestic Partnership was formed / /

To complete the registration of this Domestic Partnership, you must file this form with your tribal employer. Please keep a copy for your own records.

TRIBAL EMPLOYER RECEIPT

Name and signature of the employing official and date or official date stamp or other means by which the tribal employer indicates official receipt:

Name _____

Signature _____ Date / /

February 2014