

# Declaration of Domestic Partnership

**DOMESTIC PARTNER** means a person in a domestic partnership with an employee or annuitant of the same sex.

**DOMESTIC PARTNERSHIP** means a committed relationship between two adults, of the same sex, that meets all of the requirements below.

**We attest and declare that the following statements (A through G) are true and correct:**

- A. We are each other's sole domestic partner and intend to remain so indefinitely;
- B. We have a common residence and intend to continue the arrangement indefinitely;
- C. We are at least 18 years of age and mentally competent to consent to contract;
- D. We share responsibility for a significant measure of each other's financial obligations;
- E. Neither of us is married (legally or by common law) to, or legally separated from, anyone else;
- F. Neither of us is a domestic partner of anyone else; and,
- G. We are not related in a way that, if we were of opposite sexes, would prohibit legal marriage in the State in which we reside.

**We also agree to, and understand that:**

- 1. We must inform the appropriate employing agency or retirement system of the dissolution of this domestic partnership (which includes the death of either partner) not later than 30 days after we no longer meet the definition of *Domestic Partnership*;
- 2. Either domestic partner may inform the employing agency or retirement system of the dissolution of the domestic partnership; and,
- 3. Willful falsification of information within this document may lead to disciplinary action, loss of insurance coverage, and/or the recovery of the cost of benefits received related to such falsification.

**PRINTED Name of Employee/Annuitant**

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
M.I.

**Signature of Employee/Annuitant** \_\_\_\_\_

**Date Signed** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Social Security number or Other Employee Identifier**

\_\_\_\_\_

**Civil Service Retirement number (CSA or CSF), if applicable**

\_\_\_\_\_

**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 current employing agency or retirement system. Please keep a copy for your own records.

## AGENCY/RETIREMENT SYSTEM RECEIPT

Name and signature of agency/retirement system official and date **or** official date stamp **or** other means by which the agency or retirement system indicates official receipt:

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_