Affidavit of Domestic Partnership - SAMPLE

I declare, under penalty of perjury under the laws of the State of California, that the statements below are true and correct.

1. That the partnership between [Print or Type Name] and [Print or Type Name] commenced on [date]: _________________.

2. That the above named persons are not related to each other.

3. That the above named persons have assumed mutual obligations for the welfare and support of each other.

4. That the above named persons have been living together as a couple in the same household for at least six months.

5. That neither of the above named persons has had a different partner less than six months before the date of this affidavit.

Dated: ________________, ______________.

__________________________  _________________________________
Signature                      Print or Type Name

__________________________  _________________________________
Signature                      Print or Type Name

STATE OF __________________________ COUNTY OF __________________________

On _______________, before me __________________________ Date

Name and Title of Officer

☐ personally known to me - OR - ☐ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the written instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

__________________________
Signature of Notary

This form courtesy of HealthCoverageGuide.org