



## Affidavit of Domestic Partnership

We, \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
(Last Name) (First Name) (Date of Birth)

and, \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
(Last Name) (First Name) (Date of Birth)

**DECLARE THAT:**

- We share basic living expenses
- We assume responsibility for each other’s welfare and for the welfare of any dependents
- We are at least eighteen (18) years old
- We are competent to enter into a contract
- We are each other’s sole domestic partner
- We are not married to anyone, nor related to each other by blood that would bar marriage in the Commonwealth of Massachusetts
- Neither of us have been in another registered domestic partner relationship for at least six months
- We shall notify the Human Resources Office of any changes in the status of our domestic partnership.

We became each other’s domestic partner on \_\_\_\_/\_\_\_\_/\_\_\_\_.

*If applicable:* Our Domestic Partnership is a family which includes the following dependent(s):

\_\_\_\_\_  
\_\_\_\_\_

I declare to the best of my knowledge that the foregoing statements are true and accurate under the pains and penalties of perjury.

\_\_\_\_\_  
(Signature) (Print Name) (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Signature) (Print Name) (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_