# AFFIDAVIT OF DOMESTIC PARTNERSHIP

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:

   _____and_____
   **Print or Type Name** **Print or Type Name**

   commenced on: _____, 19_____.

2. The above named persons are not related to each other.

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

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

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

6. Both persons are 18 (eighteen) years of age or older and currently unmarried.

7. Domestic Partner and the dependent children of a Domestic Partner may not qualify as dependents of the Employee under Section 152 of the Internal Revenue Code, the value of coverage received by the Domestic Partner and/or the dependent children of the Domestic Partner under the Employer's plan may be treated as wages paid to the Employee for the purposes of income tax withholding and employment taxes.

8. Non-employee Domestic Partner does not have rights to continuing coverage through the Employer Health Plan under federal or state law (e.g., COBRA).

9. The Employer is not required to grant an Employee family leave to care for his or her Domestic Partner under the Federal Family and Medical Leave Act.

   Dated:_____, 19_____

   _____ _____
   **Signature** **Print or Type Name**

   _____ _____
   **Signature** **Print or Type Name**

State of_____, County of_____

On_____ before me, _____
**NAME TITLE OF OFFICER – E.G. "JANE DOE, NOTARY PUBLIC"**

personally appeared_____
**NAMES(S) OF SIGNER(S)**

☐ personally known to me – OR ☐ proved to me on the basis of satisfactory evidence to be in the person(s) whose name(s) is/are subscribed to the within 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 which the person(s) acted, executed the instrument.

Witness my hand and official seal.

_____
**SIGNATURE OF NOTARY**

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