



Declaration of Committed Relationship for Domestic Partnership

ORIGINAL

AMENDMENT

APPLICANT INFORMATION

Resident Name (<i>Last, First, Middle</i>):		Date of Birth:	
Address:	City:	State:	Zip:
Print Partner Name (<i>Last, First, Middle</i>):		Date of Birth:	

Please select the correct answer:

- Are you a resident of the City of Clarkston?
- Have you previously filed a Declaration of Committed Relationship with the City of Clarkston?
If "Yes", when? _____

DECLARATION

We, the undersigned, declare that:

- We are two people at least 18 years of age and competent to enter into a contract;
- We share the same primary, regular and permanent residence (documentation must be submitted verifying joint residency);
- We have a committed personal relationship that is mutually interdependent and intended to be lifelong;
- We are not married to anyone or legally separated from anyone;
- We are not related by blood closer than would bar marriage in this state;
- This is our sole committed relationship;
- We agree to file a notice of change or termination of our relationship, within 30 days, if any of the facts set out in this definition change;
- We are jointly responsible for our necessities of life.

AFFIDAVIT

We do hereby affirm, under penalty of perjury, that the assertions in this Declaration are true and correct to the best of our knowledge and belief.

Resident Signature Date Partner Signature Date

NOTARIZATION

STATE OF _____ COUNTY OF _____

The foregoing affidavit was acknowledged before me this _____ day of _____, 20_____.

By: _____, Notary Public My Commission Expires: _____

(Notary Signature/Seal)

For Official Use Only
Affidavit and supporting documentation received/certified by _____ on _____.
This certificate number _____. Cross reference certificate number _____.