



## 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:**

1. Are you a resident of the City of Clarkston?
2. Have you previously filed a Declaration of Committed Relationship with the City of Clarkston?  
If "Yes", when? \_\_\_\_\_

### DECLARATION

*We, the undersigned, declare that:*

1. We are two people at least 18 years of age and competent to enter into a contract;
2. We share the same primary, regular and permanent residence (documentation must be submitted verifying joint residency);
3. We have a committed personal relationship that is mutually interdependent and intended to be lifelong;
4. We are not married to anyone or legally separated from anyone;
5. We are not related by blood closer than would bar marriage in this state;
6. This is our sole committed relationship;
7. 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;
8. 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)

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