

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: (Employee Name)

And (Domestic partner Name)

Commenced on:

- 2. That the above named persons are not related to each other.
- 3. That the above 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 persons has had a different partner less than six months before the date of this affidavit.

Employee Name

Employee Signature

Domestic Partner D.O.B

Domestic Partner Name

Domestic Partner Signature

Date

Please help us protect your Private Personal Information. Return this form via either fax(619-543-2990) or USPS. Emailing should be avoided whenever possible.

NOTARY IS OPTIONAL:

State of California

County of

On before me, , personally

appeared and , who proved to me on the basis of satisfactory evidence to be 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 behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal: