

DECLARATION OF DOMESTIC PARTNERSHIP

(County of Champaign, Illinois)

I, _____ AND I, _____ DO HEREBY DELCARE that we have thoroughly read and fully understand this Declaration and the Domestic Partnership Registry Ordinance (attached hereto and made a part thereof) upon which it is based, and that we are in full compliance with all the requirements for a domestic partnership and that we hereby declare under oath to be **DOMESTIC PARTNERS** as defined in An Ordinance Establishing A Domestic Partner Registry, and enacted pursuant to a vote of the Champaign County Board as Resolution No. 5208.

WE FURTHER DECLARE, as domestic partners, that we have chosen to share one another’s lives in a committed relationship of mutual caring and that we are jointly responsible and obligated for the necessities of life incurred during our domestic partnership.

THE UNDERSIGNED AUTHORIZE the County of Champaign acting pursuant to Resolution No. 5208 to issue certified copies of said Declarations to members of the public upon request and payment of the required fees as required under the Freedom of Information Act.

THE UNDERSIGNED AGREE to file an Affidavit of Termination of Registered Domestic Partnership within 30 days of any change in the partnership which causes it not to satisfy any one of the requirements for a domestic partnership as set forth in Resolution No. 5208 of the County of Champaign.

THE UNDERSIGNED UNDERSTAND that any person, including any employer, who relies upon a registered Declaration of Domestic Partnership to the person’s or employer’s detriment as a result of a false statement contained therein or a false assertion of family membership; or as a result of a failure to notify the Insurance Specialist, Administrative Services Department, or any person or employer previously notified of the Domestic Partnership of a change in the status of the Domestic Partnership or family membership, shall have the right to bring a civil action in any court of competent jurisdiction against the appropriate Domestic Partner(s) to recover damages for such detrimental reliance.

THE UNDERSIGNED FURTHER UNDERSTAND that the execution of this Declaration may be further construed by a court of law as creating enforceable, legal obligations between the persons executing the same.

Executed, this _____ day of _____, 20____.
(month)

_____ and _____
Name of Domestic Partner Name of Domestic Partner

_____ Address _____
Address

_____ Signature _____
Signature

Proof of Age verified _____ Proof of Age verified _____

STATE OF ILLINOIS)
) SS
COUNTY OF CHAMPAIGN)

I, _____, a Notary Public in and for said County, in the State of Illinois, DO HEREBY CERTIFY that _____ and _____ personally known to me to be the same persons whose names are subscribed to the foregoing Declaration appeared before me this day in person and each person acknowledged that they signed and delivered the said instrument as a free and voluntary act for the uses and purposes therein set forth.

Given under my hand and Notary Seal this _____ day of _____(month), _____ (year).

My commission expires:

Notary Public