

Identification Presented:

Type: _____ ID# _____ File Date _____
Type: _____ ID# _____

REGISTRATION OF DOMESTIC PARTNERSHIP AFFIDAVIT

(County of Champaign, Illinois)

WE DO HEREBY CERTIFY OURSELVES TO BE DOMESTIC PARTNERS AS DEFINED BY THE COUNTY OF CHAMPAIGN, ILLINOIS DOMESTIC PARTNER REGISTRY ORDINANCE. WE FURTHER DECLARE:

- We are engaged in a committed relationship and intend to remain together indefinitely.
- We are at least 18 years of age and have the capacity to enter into a contract.
- We share a common permanent residence and are jointly responsible to each other for the necessities of life.
- We are not related by blood closer than permitted for married couples under Illinois marriage laws.
- Neither of us has another domestic partner.
- Neither of us is legally married.
- Neither of us may lawfully be claimed as a dependent on any other person's federal income tax return.
- We understand that the registration of this Domestic Partnership Affidavit creates a domestic partnership of continuous duration until either of us files an Affidavit of Termination or upon the death of either of us.
- Each of us agrees to file jointly or separately an Affidavit of Termination with the Insurance Specialist, Administrative Services, within 30 days of a change in this domestic partnership such that we no longer meet the criteria herein.

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Applicant's signature _____ (print) _____ (written)

Address: (street) _____ (city/state) _____ zip code _____

Proof of age verified _____

Applicant's signature _____ (print) _____ (written)

Address: (street) _____ (city/state) _____ zip code _____

Proof of age verified _____

SUBSCRIBED and SWORN to before me by

_____ and _____

this _____ day of _____, 20_____.

(Notary Public)