



DECLARATION OF DOMESTIC PARTNERSHIP

Domestic Partnership Standards

We attest:

1. We share the same primary, regular and permanent residence and have **lived together** for the previous six (6) months; (See Definitions below.)
2. We have a committed personal relationship with each other that is mutually interdependent and intended to be lifelong
3. We agree to be jointly obligated and responsible for the **necessities of life** for each other; (See Definitions below.)
4. We are not married to anyone or legally separated from anyone;
5. We are each eighteen (18) years of age or older;
6. We are competent to enter into a contract;
7. We are not related by blood closer than would bar marriage in the State of Georgia;
8. We are each other's sole domestic partner;
9. We agree to file a termination of Domestic Partnership [with the employer/insurer/administrator] within 30 days if any of the above facts change;
10. Any prior domestic partnership in which either of us participated with a third party was terminated not less than six (6) months prior to the date of said Declaration, and, if such earlier domestic partnership had been acknowledge under provisions of this section, that notice of termination of such earlier domestic partnership was provided to the [employer/insurer/administrator] or [state, county, local or municipal department responsible for Domestic Partners Registry];
11. We agree to promptly inform the [employer/insurer/administrator] of any changes in the status of this Domestic Partnership;
12. We hereby make application to register as Domestic Partners pursuant to these terms and conditions.

Definitions:

"Live together" means that two people claiming Domestic Partnership share the same primary, regular and permanent residence. It is not necessary that the legal right to possess the residence be in both names. Whether the relationship between these two people is or is not sexual is in no way relevant for the purposes of determining eligibility under this Declaration.

"Necessities of Life" means the cost of basic food, shelter, clothing and medical care. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible and obligated for the cost.



**DECLARATION OF DOMESTIC PARTNERSHIP
(CONTINUED)**

We declare under penalty of perjury and insurance fraud under the laws of the State of Georgia that the statements above are true and correct.

Signature _____ Social Security Number _____

Print Name _____

Signature _____ Social Security Number _____

Print Name _____

Notarization:
State of Georgia
County of _____

On this _____ day of _____ in the year _____, before me personally

Appeared _____ and _____

Known to be (or provided to me on the basis of satisfactory evidence) the persons whose names are subscribed to this instrument, and acknowledged that they executed it on the above date.

(witness)

Notary Public (Seal)

Primary residence address:

Address: _____

City, State and Zip Code:

To complete the registration of this Domestic Partnership, you must:

1. File this form with the [employer/insurer/administrator];
2. Provide two forms of acceptable identification, verifying joint residency, (i. e., Georgia Driver's License, Georgia I.D., voter registration, passport with current residency, or utility bill);
3. Sign this form in front of a Notary Public and complete the notarization.