State of Maryland Employee/Retiree
Date of Birth: ____/____/_____

STATE OF MARYLAND)

COUNTY OF_____)

Before me, the undersigned Notary Public, personally appeared _____ (name of State of Maryland employee/retiree), who acknowledged the execution of the foregoing Affidavit and swore to the truth of the statements made therein.

Witness my hand and Notarial Seal this ____day of _____, 20____.

_____
Notary Public

_____
Printed Name

My Commission Expires:

_____
County of Residence:

_____

STATE OF MARYLAND)

COUNTY OF_____)

Domestic Partner
Date of Birth: ____/____/_____

Before me, the undersigned Notary Public, personally appeared _____ (name of domestic partner), who acknowledged the execution of the foregoing Affidavit and swore to the truth of the statements made therein.

Witness my hand and Notarial Seal this ____day of _____, 20____.

_____
Notary Public

_____
Printed Name

My Commission Expires:

_____
County of Residence:

_____