



Affidavit of Domestic Partnership

We, _____ and _____ certify that:
(Print name of State of Maryland Employee/Retiree) (Print name of Domestic Partner)

1. We are the same sex.
2. We are not legally married to, in a civil union with, or in a domestic partnership with anyone else.
3. We are eighteen (18) years of age or older.
4. We are not related by blood closer than would bar marriage in the State of Maryland.
5. We are in a committed relationship and intend to remain so indefinitely and are emotionally and financially responsible for our common welfare.
6. We have been financially interdependent for at least twelve (12) consecutive months.
7. We share a common primary residence.
8. We agree that domestic partners are subject to the same terms and conditions governing all other employees who are covered by or are applying for benefits.
9. Employee/Retiree agrees to notify the State of Maryland within sixty (60) days of the dissolution of our domestic partnership on the form provided by the State for that purpose. Employee/retiree agrees to provide a copy of the form to the other partner.
10. We agree to notify the State of Maryland within sixty (60) days of any change in the dependent status of the domestic partner or the children of the domestic partner.
11. We understand that the information contained in this Affidavit of Domestic Partnership will be maintained as confidential, but may be disclosed in response to a court order, subpoena, or public records request. We understand that the State will need to share information with the State benefit plan administrators and third parties with whom the State contracts for benefit programs.
12. We affirm, under penalties of perjury, that the statements in this Affidavit of Domestic partnership are true.

Signature of Employee/Retiree

Signature of Domestic Partner

____/____/_____
Date

____/____/_____
Date

Notary Public Validation

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

Domestic Partner
Date of Birth: ____/____/_____

STATE OF MARYLAND)
COUNTY OF _____)

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 of Domestic Partnership and swore to the truth of the statements made therein.

Before me, the undersigned Notary Public, personally appeared _____ (Name of Domestic Partner), who acknowledged the execution of the foregoing Affidavit of Domestic Partnership and swore to the truth of the statements made therein.

Witness my hand and Notary Seal this ____ day of ____, 20____.

Witness my hand and Notary Seal this ____ day of ____, 20____.

Notary Public Signature

Notary Public Signature

Notary Public Printed Name

Notary Public Printed Name

My Commission Expires:

My Commission Expires:

____/____/_____

____/____/_____

County of Residence:

County of Residence:
