



Rockland County Clerk

Donna G. Silberman

Affidavit of Domestic Partnership Registration

We, the undersigned, _____ and _____,

Do hereby declare ourselves to be domestic partners.

We reside in the County of Rockland, or one of us is employed by the County of Rockland.

We are both eighteen (18) years of age or older, unmarried and competent to enter into a contract.

We are not related by blood in a manner that would bar marriage under the laws of the State of New York.

We share a common household.

We are in a close, committed, financially interdependent personal relationship and intend to remain in the relationship.

We are each other's sole domestic partner, have no other domestic partner and intend to remain each other's sole domestic partner.

Neither of us has terminated another domestic partnership within the last sixty (60) calendar days.

We agree to file a termination statement in the event that the domestic partnership is terminated.

Signature

Department (if employed by Rockland County)

Signature

Department (if employed by Rockland County)

Address

FOR OFFICE USE ONLY

Sworn to before me this _____ day of _____, 20_____.

Notary Public

Registration Number: _____

Date Filed: _____

The certificate will be issued upon the sworn statement of the applicants, under penalty of perjury, with no liability for the validity of the partnership assumed by the County of Rockland or the County Clerk, in accordance with Chapter 261 of the Laws of Rockland County.