



ONONDAGA COUNTY CLERK'S OFFICE

Emily Essi Bersani

County Clerk

Affidavit of Domestic Partnership Registration

The undersigned, being duly sworn, depose and declare ourselves to be domestic partners per the requirements as follows:

- We both reside in Onondaga County;
- We are both eighteen (18) years of age or older and are mentally competent to enter and consent to contract;
- Neither person is currently married;
- Neither person is the adopted child of the other person, is related to the other person by blood in a manner that would bar marriage to the other person in New York State, or is related by blood in a manner that would bar marriage in New York State to a person who is the lawful spouse of the other person;
- We are dependent or mutually interdependent on each other for support, live together, are in a close and personal relationship, and intend to remain in the relationship;
- We are each other's sole Domestic Partner, each has no other Domestic Partner, and we intend to remain each other's sole Domestic Partner;
- Neither person has terminated a previous domestic partnership within the six (6) months immediately prior to the filing of this Affidavit of Domestic Partnership;
- We agree to file an Affidavit of Termination of Domestic Partnership in the event that the domestic partnership is terminated.

Print Name

Signature

Print Name

Signature

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

Notary Public

This certificate will be accepted for filing and 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 Onondaga or the County Clerk, in accordance with Local Law