

# Domestic Partnership Affidavit

**Domestic partners must affirm that they and their domestic partner meet all of the following criteria:**

1. Are not related by blood to a degree of closeness that would prohibit legal marriage, and
2. Are both at least 18 years of age, and
3. Have resided together for a period of at least one year and intend to do so permanently, and
4. Are not legally married, and
5. Are responsible for each other's common welfare, and
6. Are each other's sole domestic partner, and
7. Were mentally competent to consent to contract when the domestic partnership began.

**Domestic partners are defined as two adults who:**

Share the same principal residence, and are jointly responsible for the basic necessities of life.

Basic necessities of life means the cost of basic food, shelter and any other expenses. The individuals need not contribute equally to the cost of these expenses, as long as they agree that both are responsible for the cost. We affirm that at least two of the joint expenses listed below applies, indicate all that apply.

- Common ownership of real property or a common leasehold interest in such property
- Durable Power of Attorney for Health Care Decisions
- Joint bank account or a joint credit account
- Common ownership of a motor vehicle
- Designation as a beneficiary for life insurance or retirement benefits or under the partner's will
- Such other proof to establish financial interdependency under the circumstances of their particular case as considered to be sufficient

We do hereby affirm that we have agreed to live as domestic partners. We further affirm that our relationship meets the definition stated on this form.

We agree to notify the City in writing if there is any change of circumstances attested to in this Affidavit within thirty (30) days of such change.

We understand that if this statement is false the City may pursue criminal prosecution and civil remedies for reimbursement of all costs together with reasonable attorney fees.

**Domestic Partner**

**Domestic Partner**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street City State Zip

State of Missouri )  
County of \_\_\_\_\_ )ss

Suscribed and sworn to before me a notary public on

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
My commission expires:

\_\_\_\_\_  
Notary Public

For use by the  
City Clerk's Office - Registration # \_\_\_\_\_