

AFFIDAVIT OF DOMESTIC PARTNERSHIP

I. Declaration

We, _____
(Employee Name) (Social Security Number)

and _____
(Domestic Partner's Name) (Social Security Number)

declare that:

1. We are unmarried; nor has either of us been so during the past 12 months.
2. We are not a member of another domestic partnership; nor has either of us been so during the past 12 months.
3. We have been in a mutually exclusive relation for the last twelve (12) months and intend to do so indefinitely.
4. We have shared the same primary residence for at least (12) consecutive months.
5. We meet the age requirements for marriage in the State of New Mexico and are mentally competent to consent to contract.
6. We are not related by blood to the degree prohibited in the legal marriage in the State of New Mexico.
7. We are jointly responsible for the common welfare of each other and share financial obligations.

II. Change in Domestic Partnership

We agree to notify the City of Albuquerque Human Resources Department in writing within thirty-one (31) days of any change in our status as domestic partners (for example, if we no longer share the same principal residence) or if we wish to terminate domestic partner benefits.

III. Dependent(s) of Domestic Partners

We declare as eligible dependent(s):

Name of Child	Biological Parent-EE Or Domestic Partner	Employee Initials	Partner's Initials
_____	EE DP	_____	_____
_____	EE DP	_____	_____
_____	EE DP	_____	_____
_____	EE DP	_____	_____

III. Acknowledgements

