



Sullivan County Clerk
Russell Reeves

Affidavit of Domestic Partnership Registration

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

- We reside in the County of Sullivan.
- We are both eighteen (18) years of age or older and are mentally competent to consent to contract.
- We are not related by blood in a manner that would bar marriage under the laws of the State of New York.
- We are in a close, committed, financially interdependent personal relationship and have continuously lived together for 6 months.
- 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 6 months.
- We agree to file a termination statement in the event that the domestic partnership is terminated.
- A fee of thirty-five (\$35) dollars payable to Sullivan County Clerk.

Print Name

Signature

Print Name

Signature

Address

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

Notary Public

Registration # _____ **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 Sullivan or the County Clerk, in accordance with Chapter 2961 of NYS Law.