

AFFIDAVIT OF DOMESTIC PARTNERSHIP

I, (print name of employee) _____, certify that I and (print name of domestic partner) _____.

We are and have been each other's partner in a domestic partnership, as defined below. For purposes of this affidavit, a "domestic partnership" is one consisting of two persons in which the members:

1. Jointly share the same permanent residence for at least six (6) months immediately preceding the date of this affidavit and intend to continue to do so indefinitely;
2. Have a close personal relationship with each other;
3. Are not legally married to anyone;
4. Are each eighteen (18) years of age or older;
5. Are not related to each other by blood in a degree of kinship closer than would bar marriage in the State of Oregon;
6. Were mentally competent to consent to contract when the domestic partnership began and remain mentally competent.
7. We are each other's sole domestic partner, and;
8. Are jointly responsible for each other's common welfare including "basic living expenses." For purposes of this affidavit, "basic living expenses" means the cost of basic food, shelter, and any other expenses of a member of the domestic partnership, which are paid at least in part by a program or benefit for which the partner qualified because of domestic partnership. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.

This affidavit terminates upon the death of the signing employee's domestic partner or by a change in circumstances attested to in this affidavit. The signing employee must notify the Human Resource Department within thirty (30) days after such death or change by filing a Statement of Termination of Domestic Partnership. After filing of a Statement of Termination of Domestic Partnership for the purpose of enrolling a new domestic partner for six (6) months from the date such statement is received by the Human Resource Department.

Signature of Employee

Date

Signature of Domestic Partner

Date

Signature of Benefit Representative

Date