



8CA 9GH=7 D5F HB 9F G< =D F 9; =GHF 5H=CB 5DD@=7 5H=CB
Center for Policy Planning and Evaluation
Vital Records Division

TODAY'S DATE:

AFFIDAVIT NUMBER:

We the undersigned, do declare that we meet the following requirements of 29 DCMR 8001.1:

- We are both at least 18 years of age.
- We are both competent to contract.
- We share a mutual residence.
- Neither of us is married or a member of another domestic partnership.
- Each of us is the sole domestic partner of the other.
- Neither of us has a pending termination of domestic partnership.

ADDITIONAL CERTIFICATE FEE: x QUANTITY REQUESTED = + REGISTRATION FEE:
TOTAL PAYMENT SUBMITTED = \*\*\* QUANTITY MUST BE POPULATED TO CALCULATE TOTAL FEE
UPON APPROVAL THE PREFERRED PAYMENT METHOD IS: CREDIT/DEBIT CARD CHECK/MONEY ORDER

PARTNER ONE INFORMATION

Name: Relationship:
Current Address:
Email Address: Contact Number:
Social Security Number:

PARTNER TWO INFORMATION

Name: Relationship:
Current Address:
Email Address: Contact Number:
Social Security Number:

Do not Sign this form until you get in front of a Notary Public. This application will only be accepted if your signature can be authenticated by the Notary Public

Signature: Relationship:

Sworn to subscribed by the information in the presence on the day of in the year.

Notary Public

Signature: Relationship:

Sworn to subscribed by the information in the presence on the day of in the year.

Notary Public