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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.

ADDITIOANL 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