

**CITY OF SAN DIEGO
AFFIDAVIT OF DOMESTIC PARTNERSHIP**

SECTION I

I, (employee) _____, certify that I and
(domestic partner) _____ are domestic partners and we:

1. Share the same regular and permanent residence at (address):
_____, and intend to continue residing together forever, and
2. Affirm that we began to reside as domestic partners on (date): _____, and
3. Are jointly responsible for "basic living expenses", as defined below, and
4. Are not married to anyone, and are each eighteen (18) years of age or older, and
5. Are not related by blood closer than would bar marriage in the State of California, and
6. Are each other's sole domestic partner and are each responsible for each other's common welfare.

"Basic living expenses" means the cost of basic food, shelter and any other expenses of a Domestic Partner which are paid at least in part by a program or benefit for which the partner qualified because of the 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.

SECTION II

We understand that in addition to the requirements of the City of San Diego for domestic partnership coverage, there are other terms and conditions of coverage set forth in the service agreements of each health, dental, and vision plan offered by the City of San Diego. By executing this Affidavit, each of us agree to be bound by the terms and conditions of coverage for the health, dental, and/or vision selected, as set forth in the applicable service agreement.

We understand that this information will be held confidential and will be subject to disclosures only upon our written authorization or if otherwise required by law.

We understand that this declaration of responsibility for our common welfare may have legal implications under federal and/or California law.

We understand that a civil action may be brought against us for any losses, including reasonable attorney's fees, because of a false statement contained in this Affidavit of Domestic Partnership.

We also certify under penalty of perjury, under the laws of California, that the foregoing is true and correct.

I, the undersigned City of San Diego employee, understand that I am responsible for reimbursement of any expenses incurred as a result of any false or misleading statement contained in this affidavit.

Signature of Employee

Signature of Domestic Partner

Name of Employee (Print)

Name of Domestic Partner (Print)

Social Security # _____
Date of Birth

Social Security # _____
Date of Birth

Street Address

Street Address

City/State/Zip Code

City/State/Zip Code

Signed at (location) _____

Date: _____

Notarized by: _____

