

Domestic Partnership Registry Application and Affidavit

Instructions

Applicants should print this form and sign it in the presence of a Notary Public before submitting it. Please send the form with original signatures and notary seal. We cannot accept photocopies, faxes or e-mailed forms.

Certificate of Registry and Registration Cards

If you would like to receive a Certificate of Registry, please enclose a self-addressed stamped envelope with this form.

Public Records Notice

Your application and affidavit as well as the City's Domestic Partnership Registry may be considered public records and released to third parties, if requested.

City of Missoula
Domestic Partnership Application and Affidavit

First Applicant's First Name:	First Applicant's Last Name:
Second Applicant's First Name:	Second Applicants Last Name:

Criteria for Registry

Under penalty of law, we, the undersigned persons, do hereby swear that we are eligible to register for the City of Missoula Domestic Partnership Registry because we meet **ALL** of the following criteria:

- At least one of the partners in the domestic partnership has a physical address in, and resides within the State of Montana; and
- Are not related by blood to a degree of closeness that would prohibit legal marriage; and
- Are both at least 18 years of age; and
- Reside together and intend to do so permanently; and
- Are not legally married under Montana state law; and
- Are responsible for each other's common welfare; and
- Are each other's sole domestic partner; and
- Were mentally competent to consent to contract when the domestic partnership began.

AND

We swear that we have either:

<input type="checkbox"/>	A marriage, domestic partnership or civil union license from another state.
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OR

At least **TWO** of the joint living expenses or decisions in the following list (please check all that apply):

<input type="checkbox"/>	Common ownership of real property or a common leasehold interest in such property
<input type="checkbox"/>	Power of attorney for health care decisions
<input type="checkbox"/>	Joint bank account or a joint credit account
<input type="checkbox"/>	Common ownership of a motor vehicle
<input type="checkbox"/>	Designation as a beneficiary for life insurance or retirement benefits or under the partner's will
<input type="checkbox"/>	Shared parenting or shared legal guardianship of a child
<input type="checkbox"/>	Possess other such proof to establish financial interdependency under the circumstances of their particular case as considered to be sufficient

First Applicant Signature

Second Applicant Signature

State of _____

County of _____

This instrument was signed and sworn before me on this _____ day of _____, 20____, by
_____ and _____.

(Notary Seal)

Notary Signature

Notary Printed Name

Notary Public for the State of _____

Residing at _____

My commission expires : _____, 20____

Mail or Drop Off Your Application:

Missoula City Clerk Office
435 Ryman
Missoula, MT 59802

For official use only:

Date registered: ____/____/____

Registry number: _____