

Domestic Partnership Affidavit

Print this form and sign it in the presence of a Notary Public.

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

Criteria

Under penalty of law, we, the undersigned persons, do hereby swear that we are eligible to be Domestic Partners 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:

A marriage, domestic partnership or civil union license from another state.

OR

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

Common ownership of real property or a common leasehold interest in such property
Power of attorney for health care decisions
Joint bank account or a joint credit account
Common ownership of a motor vehicle
Designation as a beneficiary for life insurance or retirement benefits or under the partner's will
Shared parenting or shared legal guardianship of a child
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_____