

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:

<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____