

STATEMENT OF DOMESTIC PARTNERSHIP AFFIDAVIT

WE DO HEREBY CERTIFY OURSELVED TO BE DOMESTIC PARTNERS AS DEFINED BY LOCAL LAW #5 OF 2024 TO AUTHORIZE A COUNTY REGISTRY FOR DOMESTIC PARTNERS, WE FURTHER DECLARE:

- Either (a) both persons are residents of Schoharie County, or (b) at least one partner is employed by the County of Schoharie on the date of registration;
- Both persons are eighteen (18) years of age or older and mentally competent to execute a contract;
- Neither of us is legally married to a third party;
- Neither of us is a party to another Domestic Partnership, or has been a party to another Domestic Partnership within the last six months immediately prior to registration;
- We are not related to each other by blood in a manner that would bar marriage in the State of New York;
- We have a close and committed personal relationship, live together, and have been living together on a continuous basis for at least one (1) year; and
- We understand that the registration of the Domestic Partnership Affidavit creates a domestic partnership of continuous duration until an Affidavit of Termination is filed or upon the death or marriage of either of us; and
- We have submitted at least two (2) items of proof evidencing our financial interdependence as listed in Local Law #5 of 2024.

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT UNDER PENALTY OF LAW

Applicant's Name : 1). _____ 2) _____
Print Name *Print Name*

Applicant's Signature: 1). _____ 2). _____
Signature *Signature*

Address: _____

On _____, 20____, before me, a Notary Public in and for said State personally appeared _____, personally known to me or proved to me based upon satisfactory evidence to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged that he/she/they executed the same in his/her/their signature on the said instrument.

STATE OF NEW YORK
COUNTY OF SCHOHARIE
Sworn to before me this _____ day of
_____ 20____

Notary Public Signature

