

**DOMESTIC PARTNERSHIP AFFIDAVIT
(Domestic Partners)**

Square _____ Suffix _____ Lot _____

Print Name of Partner 1 _____ Print Name of Partner 2 _____

each being duly sworn on their oaths to severally depose and say that they are presently Domestic partners as certified by the Department of Health, District of Columbia. Affiants hereby affirm under penalty of law that the above statement and representation are correct and true to the best of their knowledge and belief. Furthermore, affiants hereby acknowledge that any false statement(s) or misrepresentation that they make on this form is punishable by criminal penalties under the law of the District of Columbia.

Signature – Partner 1

Signature – Partner 2

Subscribed and sworn to before me this _____ day of _____, 200 ____.

Notary Public

My Commission Expires: _____
mm/dd/yy