



# STATEMENT OF DOMESTIC PARTNERSHIP

## *Office of the City Clerk - City of Boston*

We, \_\_\_\_\_  
Last Name First Name Initial

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

and, \_\_\_\_\_  
Last Name First Name Initial

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DECLARE THAT:**

- We share basic living expenses;
- We assume responsibility for each other's welfare and for the welfare of any dependents;
- We are at least eighteen (18) years of age;
- We are competent to enter into a contract;
- We are each other's sole domestic partner;
- We are not married to anyone, nor related to each other by blood closer than would bar marriage in the Commonwealth of Massachusetts; and
- We shall notify the Office of the City Clerk of any changes in the status of our domestic partnership.

*We became each other's domestic partner on \_\_\_\_/\_\_\_\_/\_\_\_\_.*

***IF APPLICABLE***

Our domestic partnership is a family, which includes the following dependent(s):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I declare to the best of my knowledge that the foregoing statements are true and accurate *under the pains and penalties of perjury.***

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_