



STATEMENT OF DOMESTIC PARTNERSHIP

City of Boston - Office of the City Clerk

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 old;
- *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 that 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: _____

City of Boston Certification

A true copy of the original document filed on the above date in the Office of the City Clerk.

_____ at _____

Attest: _____

City Clerk
