



**8CA 9GH=7 'D5F HB 9F G< =D'F 9; =GHF 5H=CB '5DD@=7 5H=CB`**  
**Center for Policy Planning and Evaluation**  
**Vital Records Division**

**TODAY'S DATE:**

**AFFIDAVIT NUMBER:**

**We the undersigned, do declare that we meet the following requirements of 29 DCMR 8001.1:**

- We are both at least 18 years of age.
- We are both competent to contract.
- We share a mutual residence.
- Neither of us is married or a member of another domestic partnership.
- Each of us is the sole domestic partner of the other.
- Neither of us has a pending termination of domestic partnership.

**ADDITIONAL CERTIFICATE FEE:**                      **x QUANTITY REQUESTED**                      **=**                      **+ REGISTRATION FEE:**  
**TOTAL PAYMENT SUBMITTED =**                      **\*\*\* QUANTITY MUST BE POPULATED TO CALCULATE TOTAL FEE**  
**UPON APPROVAL THE PREFERRED PAYMENT METHOD IS: CREDIT/DEBIT CARD                      CHECK/MONEY ORDER**

**PARTNER ONE INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

**PARTNER TWO INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

**Do not Sign this form until you get in front of a Notary Public. This application will only be accepted if your signature can be authenticated by the Notary Public**

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

Sworn to subscribed by the information in the presence on the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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

Sworn to subscribed by the information in the presence on the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public