**Affidavit of Domestic Partnership For
Employee Benefits**

**CITY OF
TALLAHASSEE**

Name of Employee _____

Name of Domestic Partner _____

Employee Number _____

_____

We, the undersigned, do declare that:

Initials

We are at least 18 years old and competent to consent to contract.   _____   _____

Neither person is married, a partner to another domestic partnership
relationship or a member of a civil union with anyone other than the   _____   _____
parties listed below under any applicable law

We are not related by blood.   _____   _____

We consider each other to be a member of the immediate family of the
other partner.   _____   _____

We are to be jointly responsible for maintaining, supporting and sharing
the common necessities of life and to be responsible for each other's welfare   _____   _____

The persons have resided with each other for the past 12 months, or are legally
registered as domestic partners in a jurisdiction that recognizes domestic partners,   _____   _____
or have a civil union or marriage in a jurisdiction which recognizes civil unions
and or same-sex marriages.

We, the undersigned, submit two (2) the following items of proof of establishing Domestic Partnership:
(Must be approved and initialed by the Human Resources Department.)

_____   Joint lease, mortgage or deed of the common residence with both the employee and Domestic Partner names;

_____   Joint ownership of a vehicle with both the employee and Domestic Partner names on the Title;

_____   Joint checking or joint savings with both the employee and Domestic Partner names on the account;

_____   Wills, power of attorney document, insurance policies or retirement accounts naming each other as primary
              beneficiary;

_____   Driver's license of the Domestic Partner reflecting the same residential address as the employee;

_____   Copy of a license or certificate for a civil union, marriage license or affidavit/registration of domestic partnership from a
              jurisdiction, which recognizes civil unions, domestic partnerships and/or same-sex marriages.

**All documents (except a license or certificate for a civil union, marriage license or affidavit/registration of domestic partnership from a jurisdiction, which
recognizes civil unions, domestic partnerships and/or same-sex marriages) must be valid for the past twelve (12) months.*
**List the name(s) of dependent(s) child(ren) who reside(s) within the household of the Registered Domestic Partnership and is
(are):**
1. a biological, adopted, or foster child of a Registered Domestic Partner; or
2. a dependent as defined under IRS regulations; or
3. a ward of a Registered Domestic Partner as determined in a guardianship or other legal proceeding.

(1) _____   (2) _____

(3) _____   (4) _____

Revised July 2024

Change in Domestic Partner Status

I, _____ agree to immediately notify the City of Tallahassee
         (Print Employee's Name)
Human Resources Department, Benefits Division, when we no longer meet all the criteria listed above. By filing a Termination of Registration of Domestic Partnership form, I understand the domestic partner and the child(ren) of the domestic partner will cease having any status that entitles him or her to be eligible for coverage/benefits.

_____   _____
Employee's Signature   Date   Partner's Signature   Date

Acknowledgment:

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company or self-insured program, files a state of claim containing any false or misleading information is guilty of a felony of the third degree.

This document may be subject to section 119.07, Florida Statutes, Public Records Law.

Notarization of both signatures: (Required)

State of Florida
County of   _____

Sworn to and subscribed before me this _____ day of _____, 20____,

by _____ and _____ who

are personally known _____ or produced Identification _____.

_____
Signature of Notary Public – State of Florida

_____
Print, Type or Stamp Commissioned
Name of Notary Public

Revised July 2024