

\_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_,

\_\_\_\_\_

(Day of Month)

(Month)

Year (YYYY)

in the state (or Country if outside the U.S.) of \_\_\_\_\_,

that I, \_\_\_\_\_,  
(Print Name)

was legally and ceremonially married to/formed a domestic partnership with

\_\_\_\_\_  
(Spouse/Domestic Partner's Name)

I acknowledge this affidavit is a legally binding document. By signing this

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

