



PUTNAM COUNTY CLERK'S OFFICE
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MICHAEL C. BARTOLOTTI
 County Clerk

JAMES J. McCONNELL
 First Deputy County Clerk

AFFIDAVIT OF DOMESTIC PARTNERSHIP REGISTRATION

PLEASE TYPE OR PRINT CLEARLY

WE, the undersigned _____ and _____,

DO HEREBY DECLARE OURSELVES TO BE DOMESTIC PARTNERS.

- We reside in the County of Putnam, or one of us is employed by the County of Putnam.
- We are both eighteen (18) years of age or older, unmarried and competent to enter into a contract.
- We are not related by blood in any manner that would bar marriage under the laws of the State of New York.
- We share a common household.
- We are in a close, committed, financially interdependent personal relationship and intend to remain in the relationship.
- We are each other's sole domestic partner, have no other domestic partner and intend to remain each other's sole domestic partner.
- Neither of us has terminated another domestic partnership within the last sixty (60) calendar days.
- We agree to file a termination statement in the event that the domestic partnership is terminated.

Signature

Department (if employed by Putnam County)

Signature

Department (if employed by Putnam County)

Address

Sworn to before me this ____ day of _____, 20 ____.

Notary Public

FOR OFFICE USE ONLY

The affidavit will be filed upon the sworn statement of the applicants, under penalty of perjury, with no liability for the validity of the partnership assumed by the County of Putnam or the County Clerk, in accordance with Chapter 138 of the Laws of Putnam County.