

## DECLARATION OF DOMESTIC PARTNERSHIP

We, (name) \_\_\_\_\_ and (name) \_\_\_\_\_ declare:

1. We are each at least eighteen (18) years of age or older and capable of consenting to this domestic partnership. Neither of us is married nor a member of another domestic partnership.
2. We reside together at (address) \_\_\_\_\_  
\_\_\_\_\_.
3. We agree to be jointly responsible for each other's basic living expenses incurred during our domestic partnership.
4. We are not related by blood in a way that would prevent us from being married to each other in the State of California.
5. We understand that our domestic partnership shall be terminated if any of the following occurs and we each agree, if still alive, to promptly file a Notice of Termination of Domestic Partnership with LACERS whenever:
  - a) One of us gives, or sends by certified mail, to the other a written notice that he or she is terminating the partnership.
  - b) One of us dies.
  - c) One of us marries.
  - d) We no longer share a common residence.

We each declare that these representations are true, correct, and contain no material omissions of fact to our best knowledge and belief.

Executed this \_\_\_\_ day of \_\_\_\_\_, 201\_\_ at \_\_\_\_\_, California.

**Member's Signature and Information:**

Signature \_\_\_\_\_

Print name \_\_\_\_\_

Social Security # (last 4 digits) \_\_\_\_\_

Driver's License # \_\_\_\_\_

Work Phone # \_\_\_\_\_

**Domestic Partner's Signature and Information:**

Signature \_\_\_\_\_

Print name \_\_\_\_\_

Driver's License # \_\_\_\_\_

Work Phone # \_\_\_\_\_

**PLEASE REMEMBER TO ATTACH A COPY OF THE MEMBER'S AND DOMESTIC PARTNER'S CALIFORNIA DRIVER'S LICENSE OR OTHER PICTURE IDENTIFICATION**