



COUNTY OF ULSTER
OFFICE OF THE COUNTY CLERK
STATEMENT OF DOMESTIC PARTNERSHIP AFFIDAVIT

WE DO HEREBY CERTIFY OURSELVES TO BE DOMESTIC PARTNERS AS DEFINED BY LOCAL LAW 7-2023 TO AUTHORIZE A COUNTY REGISTRY FOR DOMESTIC PARTNERS, WE FURTHER DECLARE:

- Either (a) both persons are residents of Ulster County, or (b) at least one partner is employed by the County of Ulster on the date of registration;
- Both persons are eighteen (18) years of age or older and mentally competent to execute a contract;
- Neither of us is legally married to a third party;
- Neither of us is a party to another domestic partnership, or has been a party to another domestic partnership within the six months immediately prior to registration;
- We are not related to each other by blood in a manner that would bar marriage in the State of New York;
- We have a close and committed personal relationship, live together, and have been living together on a continuous basis for at least one (1) year; and
- We understand that the registration of this Domestic Partnership Affidavit creates a domestic partnership of continuous duration until an Affidavit of Termination is filed or upon the death or marriage of either of us; and
- We have submitted at least two (2) items of proof evidencing our financial interdependence as listed in Local Law 7-2023.

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT UNDER PENALTY OF LAW.

Applicant's Name: 1) _____ 2) _____
(Print) (Print)

Applicant's Signature: 1) _____ 2) _____

Address: _____

STATE OF NEW YORK
COUNTY OF _____ SS:}

Subscribed and sworn to before me this
_____ day of _____ 20____

FOR OFFICE USE ONLY:

PLEASE CHECK THE TWO CATEGORIES OF PROOF SUBMITTED AS EVIDENCE BY THE DOMESTIC PARTNERSHIP APPLICANTS

- | | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | JOINT BANK ACCOUNT <ul style="list-style-type: none">- STATEMENT WITH BOTH NAMES- CHECK WITH BOTH NAMES- PASSBOOK WITH BOTH NAMES | <input type="checkbox"/> | LIFE INSURANCE <ul style="list-style-type: none">- COPY OF POLICY WITH ONE PARTY NAMING THE OTHER AS BENEFICIARY |
| <input type="checkbox"/> | JOINT CREDIT CARD <ul style="list-style-type: none">- STATEMENT WITH BOTH NAMES | <input type="checkbox"/> | RETIREMENT BENEFITS <ul style="list-style-type: none">- COPY OF BENEFICIARY DESIGNATION FORM WITH ONE PARTY DESIGNATING THE OTHER AS BENEFICIARY |
| <input type="checkbox"/> | JOINT OBLIGORS ON LOAN <ul style="list-style-type: none">- NOTE OR OTHER LOAN ORIGATION DOCUMENT WITH BOTH NAMES | <input type="checkbox"/> | TAX RETURNS |
| <input type="checkbox"/> | JOINT OWNERSHIP OF RESIDENCE <ul style="list-style-type: none">- DEED OR OTHER SALE/TRANSFER DOCUMENT WITH BOTH NAMES- PROPERTY TAX DOCUMENT WITH BOTH NAMES- MORTGAGE AGREEMENT | <input type="checkbox"/> | JOINT MEMBERSHIP <ul style="list-style-type: none">- CHURCH- FAMILY ORGANIZATION |
| <input type="checkbox"/> | JOINT TENANTS ON LEASE <ul style="list-style-type: none">- LEASE WITH BOTH NAMES | <input type="checkbox"/> | REGISTRATION <ul style="list-style-type: none">- DOMESTIC PARTNERSHIP FILED IN A DIFFERENT STATE OR MUNICIPALITY WHICH RECOGNIZES SUCH PARTNERSHIPS |
| <input type="checkbox"/> | COMMON HOUSEHOLD EXPENSES <ul style="list-style-type: none">- UTILITY/TELEPHONE BILL WITH BOTH NAMES- PUBLIC ASSISTANCE DOCUMENT WITH BOTH NAMES | <input type="checkbox"/> | DAYCARE <ul style="list-style-type: none">- JOINT RESPONSIBILITY FOR CHILDCARE AS EVIDENCED BY SCHOOL DOCUMENTS OR GUARDIANSHIP |
| <input type="checkbox"/> | JOINT CUSTODY OF A CHILD | <input type="checkbox"/> | JOINT INVESTMENTS <ul style="list-style-type: none">- INVESTMENT SECURITIES WITH BOTH NAMES- MUTUAL FUND STATEMENTS WITH BOTH NAMES- BROKERAGE ACCOUNT STATEMENTS WITH BOTH NAMES |
| <input type="checkbox"/> | JOINT VEHILCE OWNERSHIP <ul style="list-style-type: none">- TITLE IN BOTH NAMES | <input type="checkbox"/> | AFFIDAVIT <ul style="list-style-type: none">- BY A CREDITOR OR OTHER PERSON ABLE TO TESTIFY TO PARTNER'S FINANCIAL INTERDEPENDENCE |
| <input type="checkbox"/> | JOINT WILLS <ul style="list-style-type: none">- COPY OF WILL OR WILLS, WITH EACH PARTY NAMING THE OTHER AS BENEFICIARY AND/OR EXECUTOR | <input type="checkbox"/> | COUNTY CLERK <ul style="list-style-type: none">- OTHER PROOF ESTABLISHING ECONOMIC INTERDEPENDENCE, AS DETERMINED BY THE COUNTY CLERK |
| <input type="checkbox"/> | POWER OF ATTORNEY <ul style="list-style-type: none">- COPY OF POWERS OF ATTORNEY WITH EACH PARTY NAMING THE OTHER PARTY AND NO LIMITATIONS ON THE TERM OF THE DOCUMENTS | | |
| <input type="checkbox"/> | HEALTH CARE PROXY <ul style="list-style-type: none">- COPY OF HEALTH CARE PROXIES / LIVING WILLS, WITH EACH PARTY GIVING THE OTHER PARTY THE POWER TO MAKE HEALTH CARE/NON-RESUSCITATION DECISION UPON INCAPACITATION | | |