

Taylor Bruck
Acting Ulster County Clerk



Andrew Harris
Chief Deputy County Clerk

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 | | |