Certification of Domestic Partner Relationship

REFERENCE: JTR, Appendix A, Part 1
DOMESTIC PARNTER means a person in a domestic partnership with an employee of the same sex.
DOMESTIC PARNTERSHIP means a committed relationship between two adults, of the same sex, that meets all of the requirements below.

For the purposes of obtaining benefits and assuming obligations under Department of Defense Instruction 1400.25, Volume 1250 and Volume 1401, I (name of employee , declare that (full name of same-sex-domestic partner and I:

Attest and declare that the following statements (A through G) are true and correct:

A. Are each other's sole domestic partner and intend to remain so indefinitely;
B. Have a common residence and intend to continue the arrangement indefinitely;
C. Are at least 18 years of age and mentally competent to consent to contract;
D. Share responsibility for a significant measure of each other's financial obligations;
E. Are not married (legally or by common law) to, or legally separated from, anyone else;
F. Are not domestic partners of anyone else; and,
G. Are not related in a way that, if we were of opposite sexes, would prohibit legal marriage in the State in which we reside.

I also agree to, and understand that:

1. I must inform the appropriate employing agency of the dissolution of this domestic partnership (which includes the death of either partner) not later than 30 days after we no longer meet the definition of the *Domestic Partnership*;
2. My domestic partner will be held to the standards of conduct that apply to family members.
3. Willful falsification of information within this document may constitute a criminal violation under 18 U.S.C. 1001 and may lead to disciplinary action, and/or the recovery of the cost of benefits received related to such falsification.

Signature of Employee _____

Date Signed __ __ / __ __ / __ __

PRINTED Name of Employee

Last name _____ First name _____ MI __

AGENCY RECEIPT

Name and signature of agency official and date or official date stamp or other means by which the agency indicates official receipt:

Name_____

Signature _____ **Date** __ __ / __ __ / __ __