



### AFFIDAVIT OF SAME SEX PARTNERSHIP

**DECLARATIONS:**

We, \_\_\_\_\_ and \_\_\_\_\_, certify  
(Name of Employee) (Name of Same Sex Partner)

that we are same sex partners, meaning that we are two individuals of the same sex who live in a committed family relationship similar to that of a married couple, share joint responsibility for one another's common welfare and basic needs, we are both age 18 or older, and are each other's sole same sex partner and intend to remain so indefinitely.

We state further that we are not related by blood in a manner that would prohibit marriage under the laws of the state in which we reside and that we are not entered into a civil union or marriage with any other same or opposite sex partner.

**ACKNOWLEDGEMENTS**

1. We acknowledge that any person/employer/company who suffers any loss due to any false statement contained in this Affidavit may bring a civil action against either or both of us to recover their losses, including attorneys fees;
2. We have provided the information in this Affidavit for use by the University of Hartford and for the sole purpose of determining our eligibility for same sex partnership benefits. We understand that the information contained in this Affidavit is confidential and will not be released by the University of Hartford unless expressly authorized by either or both of us, or except otherwise required by law, or except as required to providers and insurers of same sex partnership benefits;
3. We acknowledge that our same sex partnership has been entered into voluntarily and willingly;
4. We understand that this Affidavit may create between us certain contractual rights and legal obligations and that the University of Hartford has encouraged us to seek independent legal advice about those rights and obligations;
5. We agree to notify the Employer if there is any change in our status as same sex partners as attested to in this Affidavit, which would make us no longer eligible for benefits. We will notify the Employer within 30 days of such change by filing a Statement of Termination of Domestic Partnership with the Employer; and
6. We affirm, under the penalty of perjury, that the assertions in this Affidavit are true to the best of our knowledge.

**EMPLOYEE:**

**PARTNER:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Subscribed and sworn to by \_\_\_\_\_ and \_\_\_\_\_

before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public \_\_\_\_\_