



# STATEMENT OF DOMESTIC PARTNERSHIP

City of Boston - Office of the City Clerk - Filing Fee: \$62.00

We, \_\_\_\_\_  
(Last Name) (First Name) (Initial)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

and, \_\_\_\_\_  
(Last Name) (First Name) (Initial)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DECLARE THAT:**

- \*We share basic living expenses;
- \*We assume responsibility for each other's welfare and for the welfare of any dependents;
- \*We are at least eighteen (18) years old;
- \*We are competent to enter into a contract;
- \*We are each other's sole domestic partner;
- \*We are not married to anyone, nor related to each other by blood that would bar marriage in the Commonwealth of Massachusetts; and
- \*We shall notify the Office of the City Clerk of any changes in the status of our domestic partnership.

We became each other's domestic partner on \_\_\_\_/\_\_\_\_/\_\_\_\_.

If applicable: Our Domestic Partnership is a family which includes the following dependent(s):

\_\_\_\_\_

I declare to the best of my knowledge that the foregoing statements are true and accurate under the pains and penalties of perjury.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone # \_\_\_\_\_

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**City of Boston Certification**

A true copy of the original document filed on the above date in the Office of the City Clerk.

\_\_\_\_\_ at \_\_\_\_\_

Attest: \_\_\_\_\_  
City Clerk

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