



**\*\* For ACERA use only \*\***  
Date Received: \_\_\_\_\_

## AFFIDAVIT OF DOMESTIC PARTNERSHIP

*Please print*

This is to certify that I, \_\_\_\_\_, \_\_\_\_\_  
Retiree's Name Social Security Number

and my Domestic Partner, \_\_\_\_\_, \_\_\_\_\_  
Partner's Name Social Security Number

reside together at \_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

and share the common necessities of life.

We both certify that:

1. We are not married to anyone.
2. We are eighteen (18) years of age or older.
3. We are not related by blood closer than would bar marriage in the State of California and are mentally competent to consent to contract.
4. We are each other's sole domestic partner and are responsible for our common welfare.
5. We will notify the Alameda County Employees' Retirement Association (ACERA) if there is a change of circumstances attested to in this Affidavit.
6. We affirm under penalty of perjury that the assertions in this Affidavit are true to the best of our knowledge.

Retain of a copy of this Affidavit for your records. A copy of the filed Affidavit will be required in order to enroll your domestic partner and his/her dependent(s) in an ACERA health and/or dental/vision plan.

Note: Another *Affidavit of Domestic Partnership* form may not be filed until a *Termination of Domestic Partnership* form has been on file with ACERA for six (6) months.

\_\_\_\_\_  
Retiree's Signature Date

\_\_\_\_\_  
Domestic Partner's Signature Date

*Return this form to ACERA*