

**The Commonwealth of Massachusetts
City of Somerville
Domestic Partnership Registration Form**

WE, THE UNDERSIGNED, DECLARE UNDER THE PAINS AND PENALTIES OF PERJURY THAT:

- We are 18 years of age or older and mentally competent to contract; and
- We are in a relationship of mutual support, caring and commitment and intend to remain in such a relationship; and
- We consider ourselves to be a family; and
- We reside together; and
- None of us is married; and
- None of us has been in a domestic partnership that was terminated in the last 90 days; and
- None of us is related by blood closer than would bar marriage in the Commonwealth of Massachusetts;

NOW THEREFORE BE IT HEREBY DECLARED THAT WE HEREBY REGISTER OUR DOMESTIC PARTNERSHIP with the Somerville, MA, City Clerk, and we agree to notify the City Clerk in the event we terminate our domestic partnership.

PRINT PARTNER'S NAME	DATE OF BIRTH MONTH/DATE/YEAR	SIGN IN FRONT OF THE CITY CLERK OR A NOTARY PUBLIC
_____	_ / _ / _	_____
_____	_ / _ / _	_____
_____	_ / _ / _	_____
_____	_ / _ / _	_____
_____	_ / _ / _	_____
_____	_ / _ / _	_____

Street Address of Common Household: _____	City, State, Zip Code: _____
Best Contact Email Address: _____ <small>(For City Clerk use only)</small>	Best Contact Phone: _____ <small>(for City Clerk use only)</small>

_____ S.S. **The Commonwealth of Massachusetts**

On this ____ day of _____, 20____, before me, the undersigned notary public or City Clerk's designee, personally appeared together the following persons, each proving their identity to me through satisfactory evidence of identification, which was as follows:

Name: _____	Evidence: _____

to be the persons whose names are signed on this document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of their knowledge and belief, under the pains and penalties of perjury.

_____ <small>Notary Public or City Clerk's designee</small>	My Commission Expires: _____ <small>Notary Public only, add stamp/seal</small>
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