



BENEFITS

AFFIDAVIT OF DOMESTIC PARTNERSHIP

I, _____ and I, _____ certify that:
Name of Employee (Print) Domestic Partner (Print)

The following is true and accurate of our Domestic Partnership:

We have filed and were awarded a Declaration of Domestic Partnership with the Secretary of State of California and at the time of filing, all of the following requirements were met:

1. Neither of us is married to someone else or is a member of another Domestic Partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.
2. We are not related by blood in a way that would prevent us from being married to each other in this state.
3. We are both at least 18 years of age.
4. We are capable of consenting to the domestic partnership.
5. We are either the same sex, or, of opposite sex with at least one of us over 62 years of age.

The following documentation is required by West Valley-Mission Community College District to qualify as a Domestic Partnership:

1. A copy of the California Declaration of Domestic Partnership filed with the Secretary of State.
2. Signed West Valley-Mission Community College District Affidavit of Domestic Partnership (version 2017-07).

As an employee/retiree of West Valley-Mission Community College District, I attest that the above is true and accurate as of _____.
Date

Employee/Retiree Signature

Domestic Partner Signature