

ROPER ST. FRANCIS

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)

AFFIDAVIT OF DOMESTIC PARTNERSHIP

PERSONALLY APPEARED BEFORE ME, _____ and _____, who
being sworn, states as follows:

1. We have lived with one another in a spouse-like relationship for at least 12 consecutive months.
2. We each are unmarried, at least 18 years of age and mentally competent to consent to a contract.
3. We are not related by blood or adoption.
4. We reside together in the same principal residence and intend to reside together indefinitely.
5. We share joint responsibilities for our common welfare and basic living expenses.
6. We are financially interdependent. Financial interdependence is hereby demonstrated by submission of **at least three** of the following documents: *[Circle the applicable documents and attached copies of the documents to the affidavit.]*
 - a. Joint mortgage or lease.
 - b. Joint title to a motor vehicle.
 - c. Joint bank or credit account.
 - d. Joint note or other evidence of joint indebtedness
 - e. Designation as primary beneficiary in the other partner's Will or life insurance policy.
 - f. Durable property and health care powers of attorney.
 - g. Birth or adoption certifications showing the domestic partners as parents of the same child or children
 - h. Such other proof as is sufficient to establish economic interdependency under the circumstances of the particular case. [Describe document(s): _____.]
7. We each understand and acknowledge that, in the event of a domestic partnership is dissolved, an Affidavit of Termination of Partnership must be completed by the Employee and submitted to the Employer within thirty (30) days of dissolution. This form will revoke the domestic partnership.

Signed under the pains and penalties of perjury this _____ day of _____, 20__.

Employee Signature

Domestic Partner Signature

Subscribed and sworn to before me by both parties this _____ day of _____, 20__.

Notary Public Signature

[Seal]

My Commission Expires: _____