## The Commonwealth of Massachusetts City of Somerville Domestic Partngrship 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

Notary Public or City Clerk's designee

- None of us has been in a domestic partnership that was terminated in the last 90 days unless the termination resulted from the death of a domestic partner; 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
	/ /	
	, ,	
Best Contact Email Address: For City Clerk use only)	Best Contact Phone:  (for City Clerk use o	
Best Mailing Address: For City Clerk use only)		
S.S. The Cor	nmonwealth of Massac	husetts
On this day of, 20, personally appeared together the following personal identification, which was as follows:  Name:	ons, each proving their	identity to me through satisfactory evidence of
Name:	Evidence:	
to be the persons whose names are signed on the document are truthful and accurate to the best of	is document, and who s	wore or affirmed to me that the contents of the belief, under the pains and penalties of perjury.

Notary Public only, add stamp/seal