

Benefit Services

New Mexico State University MSC 3HRS, Box 30001 Las Cruces, NM 88003-8001 Phone: (575) 646-8000

Fax: (575) 646-2806

Affidavit of Domestic Partnership

Purpose: To establish domestic partnership for benefit purposes. This form must be completed in compliance with NMSU Policy 7.04 Domestic Partners.

We, _	(Employee Name/Aggie ID) and			
	(Partner Name) declare that:			
1.	We are not married concurrently to other persons outside of the domestic partnership.			
2.	We have been in a mutually exclusive, committed relationship, and have shared a primary residence for the last twelve (12) months, intending to do so indefinitely.			
3.	We meet the age requirements for marriage in the State of New Mexico and are mentally competent to consent to contract.			
4.	We are not related by blood to the degree prohibited in a legal marriage in the State of New Mexico.			
5.	We are jointly responsible for the common welfare of each other and share financial obligations.			
SUPP	PORTING DOCUMENTATION AS PROOF OF DOMESTIC PARTNERSHIP			
Benef	tablish domestic partnership for benefit purposes, supporting documentation must be provided to Services. Please select the items you are submitting as proof. You are required to submit one em from section A <i>or</i> three (3) items from section B.			
Α.	 Civil Union or Common Law Union please provide: A presently valid state-issued certificate, declaration or registration of civil union or common law union 			
	OR			
В.	 Domestic partners, please provide three (3) of the following: A joint mortgage or lease Joint ownership of a motor vehicle Joint bank account Joint credit account Domestic partner named as beneficiary of the other's retirement benefits 			

	of Children:	Initials of both partners
		for each child listed:
The child	of a domestic partnership qualifies as a	an aligible dependent:
1.	if either of the domestic partners is the if either or both partners are adoptive	ne biological parent of the child
CIZNOWI	EDGEMENTS	
1.	We understand that the value of tuition partner) is considered taxable income to Service and is subject to social security	to the NMSU employee by the Interna
2.	We acknowledge New Mexico State U before signing this document.	niversity's advice that we consult an
3.	We affirm, under penalty of perjury, the correct. We understand that any misrepedisciplinary action, and that the employ University for any cost involved in pro-	presentation of fact may result in loss yee is responsible for reimbursement
	We acknowledge that we must notify F	Human Resource Services office in wage in our status as domestic partners

Domestic Par	artner Signature	Date		
HR Services	s Representative (if not notary)	Date		
STA	TE OF NEW MEXICO			
COU	JNTY OF			
This Affidavi	vit of Domestic Partnership was acknowledged before	ore me on this day of		
	, 20, by	and		
	as their own free act	and deed, who personally appeared		
before me;				
	who is personally known to me;			
	whose identity I proved on the basis of	;		
-	whose identity I proved on the oath/affirmation of			
	, a credible witness; to be the signer of the ab			
	instrument, and he/she acknowledged that he/sh	ne signed it.		
(Seal)	Notary Public Si	gnature		
(Seul)	My Commission	Expires:		

Please return this form to Human Resource Services at Hadley Hall, room 17