

_____ day of _____, in the year _____,

(Day of Month)

(Month)

Year (YYYY)

in the state (or Country if outside the U.S.) of _____,

that I, _____,
(Print Name)

was legally and ceremonially married to/formed a domestic partnership with

(Spouse/Domestic Partner's Name)

I acknowledge this affidavit is a legally binding document. By signing this
