



AFFIDAVIT OF DOMESTIC PARTNERSHIP

WE, (please print) _____, AND _____, DO

ATTEST THAT: We are domestic partners, as defined below, and meet all of the following guidelines in order to qualify as domestic partners for purposes of receiving legal service benefits under Pre-Paid Legal membership and/or pre-qualified plans.

We share the same regular and permanent residence, have a committed personal relationship, and agree to be jointly responsible for basic living expenses incurred during the Domestic Partnership. (Basic living expenses are defined as the cost of basic food and shelter. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost);

That we have shared this relationship for not less than six (6) months prior to the date of this affidavit;

We are not married to anyone;

We are each eighteen (18) years of age or older;

We are not related by blood closer than would bar marriage in our state/province of residence;

We were mentally competent to consent to contract when our Domestic Partnership began;

We are each other's sole Domestic Partner and are responsible for each other's common welfare; and

Any prior Domestic Partnership in which we participated with a third party was terminated not less than nine (9) months prior to the date of said affidavit.

The following children reside permanently in our household:

First and Last Name	Birthdate	Relation to Member/Partner
_____	_____	_____
_____	_____	_____
_____	_____	_____

Named Member's signature

Partner's signature

Please list all membership numbers you wish to add a partner.

Membership number(s):

SWORN TO and subscribed before me
this _____ day of _____, 20_____.

Notary Public/Commissioner's Signature

Commission Expires