

State of Illinois }  
County of Cook }

Cook County Clerk – David Orr

For office use only

File # \_\_\_\_\_ File Date \_\_\_\_\_

\$30 Application Fee

## DOMESTIC PARTNERSHIP AFFIDAVIT

**WE DO HEREBY CERTIFY OURSELVES TO BE DOMESTIC PARTNERS AS DEFINED BY THE COOK COUNTY DOMESTIC PARTNERSHIP REGISTRY ORDINANCE. WE FURTHER DECLARE:**

- We are both 18 years of age or older.
- We are both unmarried.
- We are both competent to enter into a contract.
- We are not related by blood in a manner that would bar marriage under the laws of the State of Illinois.
- We share a common household.
- We live in Cook County, or one or both of us is employed within Cook County.
- We are in a close and committed relationship of mutual financial and emotional support, and intend to remain in the relationship.
- We are each other’s sole domestic partner, have no other domestic partner and intend to remain each other’s sole domestic partner.
- Neither of us has terminated another registered domestic partnership within the last 30 calendar days.
- Each of us agrees to file jointly or separately an Affidavit of Termination in the event that the domestic partnership is terminated.

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**WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT**

Applicant’s signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Employer name (if applicable) \_\_\_\_\_

Applicant’s printed name \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Address \_\_\_\_\_

Applicant’s signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Employer name (if applicable) \_\_\_\_\_

Applicant’s printed name \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Address \_\_\_\_\_

**SUBSCRIBED and SWORN to before me by**

\_\_\_\_\_ and \_\_\_\_\_  
 on \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**For office use only – Identification presented**

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