

**AFFIDAVIT OF DOMESTIC PARTNERSHIP**

I. Declaration

We, \_\_\_\_\_, UNM ID# \_\_\_\_\_, and \_\_\_\_\_ declare that:  
Students Name Partner's Name

1. We are unmarried.
2. We share the same primary residence and have been in a mutually exclusive relationship 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.

II. Change in Domestic Partnership

We agree to notify The University of New Mexico Dean of Students Office in writing within thirty (30) days of any change in our status as domestic partners (for example, if we no longer share the same principal residence), or if we wish to terminate domestic partner benefits.

III. Dependent(s) of Domestic Partners

We declare as eligible dependent(s):

\_\_\_\_\_

\_\_\_\_\_

Name(s) of child(ren) Initials of both partners

IV. Acknowledgements

1. We understand that courts have recognized some non-marriage relationships as the equivalent of marriage for the marriage for the purpose of establishing and dividing community property.
2. We acknowledge The University of New Mexico's advice that we consult an attorney before signing this document.

We affirm, under penalty of perjury, that the assertions in this Statement are true and correct. We understand that any misrepresentation of fact may result in loss of benefits, disciplinary action, and that the student is responsible for reimbursement to the University for any cost involved in providing benefit coverage.

\_\_\_\_\_  
Student's Signature Date Phone#

\_\_\_\_\_  
Domestic Partner's Signature Date

**State of New Mexico }  
County of Bernalillo }<sup>ss.</sup>**

The foregoing instrument was acknowledge before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by  
\_\_\_\_\_ and \_\_\_\_\_ as their own free act and deed.

My Commission Expires: \_\_\_\_\_  
Date Notary Public

By my signature below, I am confirming that the parties listed above have submitted proof of their Domestic Partnership.

\_\_\_\_\_  
Dean of Students Representative Date

Return to: The Dean of Students Office  
MSC06 3600  
1 The University of New Mexico  
Albuquerque, NM 87131-0001