

Janet T. Mills
Governor

Sara Gagne-Holmes
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
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DECLARATION OF DOMESTIC PARTNERSHIP

"Domestic Partner means one of two unmarried adults who are domiciled together under long-term arrangements that evidence a commitment to remain responsible indefinitely for each other's welfare."					
Domestic Partner A: Please print (use black ink only)					
1a. First Name		1b. Middle Name		1c. Last Name	
2. Street Address		3. City		4. State	5. Zip code
6. County		7. Date of Birth	8. Place of birth (State or foreign country)		9. Ever Registered as Domestic Partner in Maine?
					<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Date of Termination

Domestic Partner B: Please print (use black ink only)					
12a. First Name		12b. Middle Name		12c. Last Name	
13. Street Address		14. City		15. State	16. Zip Code
17. County		18. Date of Birth	19. Place of Birth (State or foreign country)		20. Ever Registered as Domestic Partner in Maine?
					<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Date of Termination

By signing this declaration, we hereby certify that:

- The partners named above are not prohibited under Title 19-A M.R.S.A. §701 (2), (3), or (4) from marriage.
- That this declaration does not create a marriage between the partners herein mentioned.
- That the partners named above have been legally domiciled together in this State for at least 12 months preceding the filing of this document and share the same physical address.
- That neither partner named above is married or in a registered domestic partnership with another person; and
- That each partner named above is the sole domestic partner of the other and expects to remain so.

Registration of this declaration may affect property and inheritance rights. It is not a substitute for a will, a deed or a partnership agreement and any rights conferred by registration may be completely superseded by a will, a deed, or other instruments that may be executed by either partner. Registration of Domestic Partnership is not effective until this Declaration is signed and dated by Registrar/Deputy Registrar at the Maine CDC vital records office. A \$50.00 registration fee must accompany the Declaration. Checks shall be made payable to: "Treasurer, State of Maine". Send the completed Declaration and fee to the address at the top of this form. Appointments may be made by calling (207) 287-6490.

SIGNATURES MUST BE NOTARIZED

I hereby certify under oath, first being duly sworn, that I have read this declaration in its entirety, as well as the termination instructions, and I understand the terms or conditions outlined above, and that all the statements herein are true.

Signature of Partner A

Signature of Partner B

Subscribed and Sworn on (mm/dd/yyyy) _____

Subscribed and Sworn on (mm/dd/yyyy) _____

My Term Expires (mm/dd/yyyy) _____

My Term Expires (mm/dd/yyyy) _____

Signature of Notary Public or Municipal Clerk

Signature of Notary Public or Municipal Clerk

SIGNATURE AND DATE BELOW FOR MAINE CDC VITAL RECORDS OFFICE USE ONLY

Signature of State Registrar/Deputy Registrar

Date Filed