



CITY OF ATLANTA

DECLARATION OF DOMESTIC PARTNERSHIP

1. We are both at least 18 years of age
2. We are residents of the City of Atlanta or one of us is a City of Atlanta Employee
3. We share a mutual residence and have lived together for at least 6 months
4. We are each other's sole domestic partner
5. We are both competent to contract
6. Neither of us is married or a member of another domestic partnership
7. We agree to be jointly obligated and responsible for the necessities of life for each other
8. We agree to file termination of Domestic Partnership within 30 days if any of the above facts change

We acknowledge that the representations herein are true, correct and contain no material omissions of fact to the best of our knowledge and belief.

Partner 1 Name (First, Middle, Last):	Partner 2 Name (First, Middle, Last):
City of Atlanta Employee (Circle) Yes No	City of Atlanta Employee (Circle) Yes No
City of Atlanta Resident (Circle) Yes No	City of Atlanta Resident (Circle) Yes No
Shared Address (Street, City, State, Zip)	
Phone Number:	Phone Number:
DATE SIGNED AND NOTARIZED:	
Signature: X	Signature: X
NOTARY PUBLIC:	NOTARY SEAL: