



Maine Center for Disease
Control and Prevention
An Office of the
Department of Health and Human Services

Office of Vital Records
11 State House Station
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Augusta, Maine 04333-0011

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Declaration Of Domestic Partnership

					State File No.		
"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:							
1a. First Name		1b. Middle Name		1c. Last Name		1d. Include Any Former Names	
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:							
10a. First Name		10b. Middle Name		10c. Last Name		10d. Include Any Former Names	
11. Street Address			12. City		13. State	14. Zip Code	
15. County		16. Date of Birth		17. Place of Birth (State or Foreign Country)		18. 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.
- 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a substitute for a will, a deed or a partnership agreement and any rights conferred by registration may be completely superceded by a will, a deed or other instruments that may be executed by either partner.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 at the Office of Vital Records. A \$50.00 registration fee must accompany the Declaration. Checks shall be made payable to: "Treasurer, State of Maine." Send completed Declaration and fee to the address at the top of this form.

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

Signature of Partner		Date Signed		Signature of Partner		Date Signed	
<input type="checkbox"/> I hereby certify that I have reviewed the termination instructions on the reverse side of this declaration.				<input type="checkbox"/> I hereby certify that I have reviewed the termination instructions on the reverse side of this declaration.			
Signature of Notary Public		Date Commission Expires		Signature of Notary Public		Date Commission Expires	
Printed Name of Notary Public				Printed Name of Notary Public			

SIGNATURE AND DATE BELOW FOR OFFICE OF VITAL RECORDS USE ONLY

Signature of Registrar

Date Filed