



721 South Parker, Suite 140 • Orange, CA 92868  
(866) 412-9279 • Fax (866) 412-9280  
www.choicebuilder.com

# Affidavit of Domestic Partnership

I, \_\_\_\_\_ and \_\_\_\_\_ are domestic  
(name of employee) (name of domestic partner)

partners and we:

1. declare that we both have filed a duly executed Declaration of Domestic Partnership with the Secretary of State and will provide copies to ChoiceBuilder® within 60 days of its issue;
2. agree to notify ChoiceBuilder immediately upon termination of domestic partnership.

We understand that any persons/employer company/health carrier who suffers any loss because of false statements contained in this Affidavit of Domestic Partnership may have cause to bring a civil action against us to recover their losses.

**WE DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THIS STATE THAT THE STATEMENTS HEREIN ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Social Security #

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Domestic Partner Name

\_\_\_\_\_  
Domestic Partner Social Security #

\_\_\_\_\_  
Domestic Partner Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Witness Name