



**2026**

**Attestation of Domestic Partnership Form(attach to Health Insurance Enrollment Form)**

I, \_\_\_\_\_, and \_\_\_\_\_, are currently sharing a primary residence and intend to do so indefinitely at:

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

We affirm that the effective date of this domestic partnership is: \_\_\_\_\_.

- We are not married to anyone
- We are at least eighteen years of age
- We are not related by blood close than would bar marriage in the State of New York and are competent to enter into a contract.
- We are each other's sole domestic partner and intend to remain so indefinitely.
- We are in a relationship of mutual support, caring, and commitment and are responsible for each other's welfare.
- We agree to notify the City of Geneva if there is any change of circumstance attested to in this affidavit with thirty (30) days of such change by filing an amended Affidavit or State of Termination of Domestic Partnership to Human Resources.
- After such termination we understand that another Affidavit of Domestic Partnership can not be filed until three (3) months after a statement of termination of the previous partnership has been filed to the City.
- We understand that any persons/employer/company who suffer any loss because of a false statement contained in an Affidavit of Domestic Partnership may bring a civil action against us to recover their losses, including reasonable attorney fees.

We hereby certify under penalty of perjury under the laws of the State of New York that the statements above are true and correct.

Name (Print) \_\_\_\_\_ Name: (Print) \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public