



**Government of the
District of Columbia**
Office of Tax and Revenue
Recorder of Deeds
1101 4th Street, SW
Washington, DC 20024
Phone (202)727-5374

DOMESTIC PARTNERSHIP AFFIDAVIT

(Domestic Partners)

Square Suffix Lot

and
Print Name of Partner 1 Print Name of Partner 2

each being duly sworn, on their oaths do severally depose and state that they are presently Domestic Partners, as certified by the Department of Health, District of Columbia.

Affiants hereby affirm under penalty of law that the above statement and representation is correct and true to the best of their knowledge and belief. Furthermore, affiants hereby acknowledge that any false statement(s) or misrepresentation that they make on this form is punishable by criminal penalties under the laws of the District of Columbia.

Signature - Partner 1

Signature - Partner 2

Subscribed and sworn to before me this _____ day of _____, 20____ .

Notary Public

My Commission Expires: _____