

## **AFFIDAVIT OF DOMESTIC PARTNERSHIP**

STATE OF NEW YORK

COUNTY OF SARATOGA

The undersigned, being duly sworn, depose and declare as follows:

- We are both eighteen (18) years of age or older and we are unmarried. If either or both of us were previously married, we submit evidence of the termination of the marriage(s).
- We are not related by blood in a manner that would bar marriage under the laws of the State of New York.
- We are each other's sole domestic partner and we have been so for at least six (6) months prior to the date of this affidavit.
- We are in a relationship of mutual financial support and commitment, and we have assumed responsibility for each other's welfare.
- We have been living together on a continuous basis for at least six (6) months prior to the date of this affidavit.
- We affirm that within 30 days of the date that either of us no longer meets one or more of the qualifying criteria set forth above, we will follow the procedure set forth in the Affidavit of Co-Ownership of Weapons regarding domestic partner separation.
- We understand that if either of us has our pistol permit suspended or revoked, any weapon(s) co-owned are subject to seizure.
- We understand that any false or misleading statement made in order to receive co-ownership benefits for which we do not qualify will subject us to legal actions.

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Name of Domestic Partner 1

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Name of Domestic Partner 2

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature

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Signature

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

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

Stamp: