

DECLARATION OF DOMESTIC PARTNERSHIP

The Declaration of:

Party 1:

_____	_____	_____
Full Legal Name	Social Security Number	Date of Birth

Home Address 1		

Home Address 2		

Party 2:

_____	_____	_____
Full Legal Name	Social Security Number	Date of Birth

Home Address 1		

Home Address 2		

Each of us states:

1. We are at least 18 years of age and are domiciled in _____, Maryland.
2. We are the sole domestic partner of each party in this declaration.
3. We are not married.
4. We are in a committed relationship with each party.

We solemnly affirm under the penalties of perjury that the contents of this document are true to the best of our knowledge, information, and belief.

_____	_____	_____	_____
Party 1	Date	Party 2	Date

SIGNED IN THE PHYSICAL PRESENCE OF A NOTARY PUBLIC OR BEFORE A NOTARY PUBLIC THROUGH COMMUNICATION TECHNOLOGY

State of Maryland, City/County of _____

On this ____ day of _____, 20____, before me, the subscriber, a Notary Public in and for the State of Maryland, City/County of _____, and known to me (or satisfactorily proven) to be the persons whose names are subscribed to within the document and acknowledged that they executed the same for the purposes therein contained. IN WITNESS hereof I hereunto set my hand and official seal.

[Notary Seal]

Signature

Notary Public (Please Print)

My Commission expires _____

**HOME ADDRESSES AND SOCIAL SECURITY NUMBERS NOT SUBJECT TO
PUBLIC INSPECTION IN ACCORDANCE WITH ESTATES AND TRUSTS ARTICLE § 2-214**

(FOR REGISTER'S USE ONLY)

REGISTRATION NO. _____