

STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DECLARATION OF DOMESTIC PARTNERSHIP

STATE FILE NO. _____

“DOMESTIC PARTNER means one of two unmarried adults who are domiciled together under long-term arrangements that evidence a commitment to remain responsible indefinitely for each other’s welfare.”

DOMESTIC PARTNER A:				
1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	1d. INCLUDE ANY FORMER NAMES	
2. STREET ADDRESS:		3. CITY	4. STATE	5. ZIP CODE
6. COUNTY	7. DATE OF BIRTH	8. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY)	9. EVER REGISTERED AS DOMESTIC PARTNER IN MAINE? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ DATE OF TERMINATION	

DOMESTIC PARTNER B				
10a. FIRST NAME	10b. MIDDLE NAME	10c. LAST NAME	10d. INCLUDE ANY FORMER NAMES	
11. STREET ADDRESS		12. CITY	13. STATE	14. ZIP CODE
15. COUNTY	16. DATE OF BIRTH	17. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY)	18. EVER REGISTERED AS DOMESTIC PARTNER IN MAINE? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ DATE OF TERMINATION	

By signing this declaration, we hereby certify that:

- The partners named above are not prohibited under Title 19-A M.R.S.A. §701 (2), (3), or (4) from marriage.
- That this declaration does not create a marriage between the partners herein mentioned.
- That the partners named above have been legally domiciled together in this State for at least 12 months preceding the filing of this document.
- That neither partner named above is married or in a registered domestic partnership with another person; and
- That each partner named above is the sole domestic partner of the other and expects to remain so.

Registration of this declaration may affect property and inheritance rights. It is not a substitute for a will, a deed or a partnership agreement and any rights conferred by registration may be completely superceded by a will, a deed or other instruments that may be executed by either partner. REGISTRATION OF DOMESTIC PARTNERSHIP IS NOT EFFECTIVE UNTIL THIS DECLARATION IS SIGNED AND DATED BY REGISTRAR AT THE OFFICE OF VITAL RECORDS. A \$35.00 REGISTRATION FEE MUST ACCOMPANY THE DECLARATION. CHECKS SHOULD BE MADE PAYABLE TO: ‘TREASURER, STATE OF MAINE’ SEND COMPLETED DECLARATION TO:

**OFFICE OF VITAL RECORDS
#11 STATE HOUSE STATION
AUGUSTA, ME 04333-0011**

I hereby certify under oath, first being duly sworn, that I have read this declaration in its entirety, I understand the terms or conditions outlined above, and that all the statements herein are true.

SIGNATURE OF PARTNER	DATE SIGNED	SIGNATURE OF PARTNER	DATE SIGNED
<input type="checkbox"/> I hereby certify that I have reviewed the termination instructions on the reverse side of this declaration.		<input type="checkbox"/> I hereby certify that I have reviewed the termination instructions on the reverse side of this declaration.	
SIGNATURE OF NOTARY PUBLIC	DATE COMMISSION EXPIRES	SIGNATURE OF NOTARY PUBLIC	DATE COMMISSION EXPIRES
PRINTED NAME OF NOTARY PUBLIC		PRINTED NAME OF NOTARY PUBLIC	

SIGNATURE AND DATE BELOW FOR OFFICE OF VITAL RECORDS USE ONLY

SIGNATURE OF REGISTRAR

DATE FILED

INSTRUCTIONS TO TERMINATE A REGISTERED DOMESTIC PARTNERSHIP

Upon filing of this declaration, the partners understand a registered domestic partnership becomes *terminated* by the *marriage of either registered domestic partner* or by the filing with the registry of:

- A. A notice under oath signed by both registered domestic partners before a notary that the registered domestic partners consent to the termination; or
- B. A notice under oath from either registered domestic partner that the other registered domestic partner was served in hand with a notice of intent to terminate the partnership. If service in hand is not feasible, then substitute service may be accomplished in the same fashion under Rule 4 of the *Maine Rules of Civil Procedure* including (a) service by registered or certified mail, return receipt requested or (b) service by publication. In the event a termination notice is served by any means other than personal service, the partner who serves the notice must file a statement with the Maine Department of Health and Human Services describing the reasons service in hand is not feasible, and demonstrating that the alternate means of service used was consistent with the requirements of Rule 4 of the *Maine Rules of Civil Procedure*. Termination under this paragraph is not effective until 60 days after service is complete.