Affidavit of Domestic Partnership

I. DECLARATION

We, ___________________________ and ___________________________ declare that we are Domestic Partners in
(Print Student’s Name) (Print Partner’s Name)

accordance with the following criteria, and have continually fulfilled such criteria during the immediately preceding six months. We provide this information for the sole purpose of determining our eligibility for obtaining a spouse/domestic partnership Gator 1 ID card.

II. CRITERIA

We further declare that:

1. We are each other’s sole Domestic Partner and intend to remain so indefinitely.
2. We share a primary residence as demonstrated by the presentation of one of the following:
3. a. joint mortgage or lease;
   b. joint renter’s or homeowner’s insurance policy;
   c. driver’s license showing the same address for both parties.
4. We are emotionally committed to one another, share joint responsibilities for our common welfare, and are jointly responsible for each other’s financial obligations as demonstrated by the presentation and approval by processor of two of the following:
   a. common ownership of an automobile;
   b. joint bank accounts;
   c. joint credit or charge cards;
   d. a will, retirement plan, or life insurance policy designating the domestic partner as primary beneficiary;
   e. durable property or healthcare power of attorney naming the domestic partner as the attorney-in-fact.
5. We are both at least 18 years old and mentally competent to consent to a contract.
6. We are not related by blood closer than would bar marriage in the State of Florida.
7. We are not legally married to anyone else, and are not a member of another domestic partnership.

III. CHANGE IN DOMESTIC PARTNERSHIP STATUS

I, ___________________________ agree to immediately notify the University of Florida Student Legal
(Print Student’s Name) Services Office if we no longer meet all of the criteria listed in Section II above, by filing an “Affidavit of Termination” form. I understand that upon signing such an Affidavit of Termination, the Domestic Partner will cease having any status that entitles him or her to be eligible for the Gator 1 ID Card.

The Foundation for The Gator Nation
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IV. ACKNOWLEDGEMENTS
This policy is not designed to treat unmarried relationships as marriage or the substantial equivalent thereof.

By signing below:

We acknowledge that our domestic partnership has been entered into willingly and voluntarily, and has not been entered into for the sole purpose of obtaining access to available domestic partnership services.

We understand that this affidavit may create between us certain contractual rights and legal obligations and that courts have recognized some non-marital relationships as the equivalent of marriage for the purpose of establishing and dividing community property.

We have provided the information in this Affidavit for use by the University of Florida in order to determine eligibility for the University of Florida's Gator 1 ID Card program.

We affirm, under pain and penalty of perjury, that the information in the Affidavit is true and complete to the best of our knowledge; we acknowledge and agree to the terms stated herein; and we understand that any misrepresentation will be considered a violation of the Student Code of Conduct, and students who falsify information will face consequences through the conduct process, up to and including suspension or expulsion from the University.

IMPORTANT NOTE:
You are urged to seek appropriate advice before signing this Affidavit. There may be other implications to signing this document.

Student Information

Print Student's Name __________________________

undergraduate 

grad 

UFID __________________________

Student's Signature __________________________

Student/Domestic Partner's Home Address __________________________

Domestic Partner Information

Print Domestic Partner's Name __________________________

Social Security Number (SSN) __________________________

Birthdate __________________________

Domestic Partner's Signature __________________________

Notary: State of Florida, County of ________________, Sworn to and subscribed before me this ___________ day of __________, 2 ________________, by ________________, Who is personally known or produced ________________, as identification.

Signature of Notary Public – State of Florida