



Declaration of Fact

I, _____, of _____, _____, _____,
Name Address City State

_____, and I, _____, of _____, _____, _____,
Zip Name Address City State

_____, herewith do declare that we reside together as domestic partners.
Zip

We hereby further declare that we are involved in a committed lifetime relationship and are financially interdependent with: each other for a period of not less than six months.

As such, we do hereby and here on set our hand and seal this _____, day of _____
Date Month

in the year _____.
Year

Signature Date

Signature Date

NOTARY ACKNOWLEDGEMENT REQUIRED

NOTARY ACKNOWLEDGEMENT

Commonwealth of Pennsylvania

County of _____

On this, the _____ day of _____, 20____, before me _____, the undersigned officer, personally appeared _____ and _____, known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seals.

Title of Officer: _____

NOTARIAL SEAL