



North Coast Schools' Medical Insurance Group

811 Maple Avenue • Eureka, California 95501-2294 • 707/443-2126 • FAX 707/443-2084
SERVING DEL Norte COUNTY AND Humboldt COUNTY SCHOOLS

DECLARATION OF DOMESTIC PARTNERSHIP

Instructions:

1. Complete and return to your District Office.

We the undersigned, do declare that we meet the requirements of the North Coast Schools' Medical Insurance Group at this time:

1. We share a common residence;
2. We agree to be jointly responsible for each other's basic living expenses incurred during our domestic partnership;
3. Neither of us is married or a member of another domestic partnership;
4. Neither of us has been a member of another domestic partnership in the six months prior to making this declaration;
5. We are not related by blood in any way that would prevent us from being married to each other in the State of California;
6. We are both at least eighteen years of age;
7. We are both capable of consenting to the domestic partnership.
8. We agree that this Declaration of Domestic Partnership is a public record and subject to public inspection and disclosure as governed by California Government Code § 6253.

The representations herein are true, correct, and contain no material omission of fact to the best of our knowledge and belief. Sign and print complete name. (If not printed legibly, application will be rejected.) Signatures of both partners must be notarized.

Signature (Last) (First) (Middle)

Signature (Last) (First) (Middle)

Common Residence Address City State Zip Code

NOTARIZATION IS REQUIRED
State of California, County of _____
On _____, before me, _____, personally
appeared _____ & _____
personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names
are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized
capacities, and that by their signatures on the instrument the persons executed the instrument.

Signature of Notary Public [Place Notary Seal Here]