



# North Coast Schools

Medical Insurance Group

## 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
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### ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)