



# Northwestern University Declaration of Same-Gender Domestic Partner Relationship

**Submit form to:  
Auxiliary Services  
Chicago Fitness Program**

**PERSONAL INFORMATION**

NAME (Last Name, First Name MI):		ID NUMBER: _____
DATE OF APPLICATION: ___/___/___	EMAIL ADDRESS:	TELEPHONE NUMBER(s):
HOME ADDRESS		

**DOMESTIC PARTNER INFORMATION**

DOMESTIC PARTNER NAME (Last Name, First Name MI):	FED or STATE ID # (OR INT'L PASSPORT #):	TELEPHONE NUMBER(s):
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**CERTIFICATION**

I, \_\_\_\_\_, and \_\_\_\_\_ certify that we live in a committed relationship and are each other's Domestic Partner in accordance with the following criteria and are eligible for spouse/partner benefits for the Chicago Fitness Program. We:

- are each other's sole Domestic Partner and intend to remain so indefinitely
- are of the same gender
- are not legally married to anyone
- are both age 18 or older and mentally competent to consent
- are not related by blood to a degree of closeness which would prohibit legal marriage in the state in which we legally reside
- would marry or establish a legally recognized Domestic Partnership if it were available to us under the laws of the state in which we live
- are jointly responsible for each other's common welfare and share financial obligations which could be demonstrated upon request by providing proof of the existence of at least **three** of the following (please check):
  - joint mortgage or lease or other appropriate written evidence of common residence such as joint utility bills
  - designation of Domestic Partner as primary beneficiary in either:
    - my or my Domestic Partner's will, or
    - Life Insurance, or
    - Retirement Plan
  - durable property or health care power of attorney
  - joint ownership of motor vehicle
  - joint checking account or joint credit account

SIGNATURE:	DATE:	SIGNATURE OF DOMESTIC PARTNER:	DATE:
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**CHANGE IN DOMESTIC PARTNERSHIP**

I agree to inform Auxiliary Services if my eligibility requirements change causing my Domestic Partner to become ineligible. I must inform Auxiliary Services within 31 days of my eligibility change.

I also agree to inform Auxiliary Services if my Domestic Partner relationship terminates.

I understand if my Domestic Partner relationship terminates that a subsequent Declaration of Same-Gender Domestic Partnership cannot be filed until one year after a Statement of Termination of the previous partnership has been received by Auxiliary Services.

**ACKNOWLEDGEMENT**

I understand that benefits extended to my Domestic Partner using this Declaration will remain in effect as long as I meet the eligibility requirements.

SIGNATURE:	DATE:
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Office Use Only	<input type="checkbox"/> Entered in Auxiliary Services Chicago Fitness Program database	Effective Date:
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