



CITY OF CAMBRIDGE
Domestic Partnership Registration Form
 Pursuant to Chapter 2.119 - The Cambridge Municipal Code

Certificate No:
Date:

Name of Applicant _____
Last First MI

Date of Birth _____
Month Day Year

Household Address _____

Are you married? YES NO

If not, have you ever been married? YES NO

If yes, how was the marriage ended?

Have you ever been registered in a domestic partnership?

YES NO

If you were in a domestic partnership, other than with the applicant,
 state the date of termination of that registration? _____

Name of Applicant _____
Last First MI

Date of Birth _____
Month Day Year

Household Address _____

Are you married? YES NO

If not, have you ever been married? YES NO

If yes, how was the marriage ended?

Have you ever been registered in a domestic partnership?

YES NO

If you were in a domestic partnership, other than with the applicant,
 state the date of termination of that registration? _____

Please answer the following questions.

- Are you now in a relationship of mutual support, caring and commitment and do you intend to remain in such a relationship in the immediate future? YES NO
- Are you both competent to contract? YES NO
- Do you occupy the same dwelling unit as a single housekeeping unit, and consider yourself to be a family? YES NO
- Are you unrelated by blood closer than would bar marriage in the Commonwealth of Massachusetts? YES NO

List all "minor dependents" meeting the following criteria who are living within the household of the domestic partnership.

- A biological child, adopted child or foster child of a domestic partner if the child is not provided with medical insurance coverage by the Commonwealth of Massachusetts; or
- A dependent as defined under IRS regulations; or
- A ward of a domestic partner as determined in a guardianship proceeding.

Name of Dependent	Date of Birth	Name of Dependent	Date of Birth

We hereby swear or affirm, under the pains and penalties of perjury that the information stated herein is true and correct to the best of our knowledge. We agree to notify the City Clerk of any change in the status of the Domestic Partnership relationship.

Applicant's Signature

Applicant's Signature

FOR OFFICE USE ONLY	
FEE OF \$25.00 PAID	DATE CERTIFICATE MAILED: