

**UW-La Crosse Recreational Sports Department
AFFIDAVIT OF DOMESTIC PARTNERSHIP**

We, _____ and _____
(name of UW-L Affiliate, please print) (name of Domestic Partner, please print)

Certify that:

1. We are each other's sole domestic partner, responsible for each other's common welfare;
2. We are not in a marriage legally recognized by the State of Wisconsin;
3. We are at least 18 years of age or older;
4. We are not related by blood to a degree that would bar marriage in the state of Wisconsin;
5. That the following conditions exist for our relationship:
 - a. This relationship has been in existence for a period of at least 12 consecutive months.
 - b. We currently share the same residence and intend to do so indefinitely.
 - c. We have at least two of the following (and can provide documentation if requested):
 - i. Domestic partnership agreement;
 - ii. Joint mortgage, lease, or title;
 - iii. Designation of domestic partner as beneficiary for life insurance or retirement contract;
 - iv. Durable property or health care powers of attorney;
 - v. Joint ownership of motor vehicle, joint checking account, or joint credit account.
6. We understand that any false or misleading statements in order to receive benefits for which domestic partners do not qualify may subject the UW-L affiliate to disciplinary action;
7. We affirm, under penalty of perjury, that the ascertainments in this affidavit are true to the best of our knowledge.

(Signature of UW-L Affiliate)

(Signature of Domestic Partner)

(Date)

(Date)

Please bring signed and dated form to the Recreational Eagle Center.

