

**DECLARATION OF DOMESTIC PARTNERSHIP  
MACALESTER COLLEGE**

An employee and his/her partner must sign a Declaration of Domestic Partnership in order to be eligible for domestic partner benefits. This document is solely for the purpose of determining eligibility for domestic partnership benefits. All information in this document will be held confidential and will be subject to disclosure only upon our expressed written authorization or pursuant to a court order.

**PART ONE**

We, \_\_\_\_\_ and \_\_\_\_\_  
(print faculty/staff name) (print partner's name)

certify that we are domestic partners in accordance with the following criteria and affirm each of the following four (4) statements to be true:

1. We have chosen to share one another's lives in an intimate and committed relationship of mutual caring. We are responsible for each other's common welfare.
2. We are both over nineteen (19) years of age and mentally competent to consent to a contract. We are not related by blood enough to bar marriage in the state of our legal residence.
3. We are the sole domestic partner of each other. Neither of us is legally married to nor the domestic partner of any other person.
4. We agree to notify the College within thirty (30) days of the termination of our domestic partnership.

As a way to affirm that we share one another's lives in an intimate and committed relationship of mutual caring, and are responsible for each other's common welfare, we further grant that two (2) of the following six (6) statements are true about our domestic partnership.

1. Our domestic partner is the beneficiary of a life insurance policy.
2. Our domestic partner is the beneficiary in a will.
3. Our domestic partner is designated in a Durable Power of Attorney for Medical Care Decision Making or in other Health Care Declarations; or is designated as Guardian or Conservator for the domestic partner's personal and property interests.
4. We have registered our domestic partnership with a legal entity (e.g., city or county office) or have held a Ritual of Commitment.
5. We have joint financial arrangements such as a joint bank account or credit account.
6. We are co-signers of a lease, rental agreement or mortgage for a residence or automobile.

**PART TWO**

In order to receive the domestic partner benefit on a **pre-tax basis**, the federal government requires the following to be true:

1. The employee provides more than half of the domestic partner's support.
2. The domestic partner has his or her principle residence with the employee and is a member of the employee's household.
3. The relationship between the employee and domestic partner does not violate state or local law.

We  **do** satisfy these requirements.

We  **do not** satisfy these requirements.

We declare, under penalty of perjury, under the laws of the State of Minnesota, that the statements herein are true and correct.

\_\_\_\_\_  
Signature of faculty/staff member

\_\_\_\_\_  
Signature of partner

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Social security #

\_\_\_\_\_  
Social security #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature and Seal

\_\_\_\_\_  
Notary Signature and Seal