



Metropolitan Government of Nashville & Davidson County

Declaration of Domestic Partnership - Leave Verification

This Declaration, adding a domestic partner and his/her dependent children, must be filed with your department's Human Resources coordinator before any leave request is submitted. If you have a Domestic Partnership Declaration for benefits on file with Metro Human Resources you do not need to complete this form for leave verification.

Employee Name: _____

Domestic Partner Name: _____

Shared Residence Address: _____

As domestic partners, _____ (employee name) and
_____ (domestic partner name) certify under
penalty of perjury under the laws of the State of Tennessee that the statements below
are true:

- We are both at least 18 years old and are mentally competent to consent to a contract;
- Neither of us are currently or have been married or legally separated from another person within the last 365 days (if divorced, a copy of divorce decree for each partner is required to be provided to your Human Resources representative);
- We are not related by blood in a manner that would bar marriage under the laws of the State of Tennessee;
- We have chosen to share one another's lives in an intimate and committed relationship of mutual caring that is intended to be lifelong;
- We have shared the same primary residence in an exclusive and committed relationship with each other for at least the last 365 days and intend to remain in this relationship indefinitely; and
- We are both jointly responsible for basic living expenses (food and shelter although not necessarily contribute equally).

Attached to this Declaration, _____(employee name) and
_____(domestic partner name) are providing three of the
following items as proof of joint financial responsibility (check proof being provided):

- ☐ Joint ownership of a primary residence or joint tenancy of a residential lease;
- ☐ Copy of a utility (water, gas, or electric) invoice listing both domestic partners;
- ☐ Joint ownership of an automobile (auto registration, joint auto insurance);
- ☐ Joint bank or credit account;
- ☐ Joint liabilities (e.g. credit cards or loans, etc.);
- ☐ A will or trust designating the domestic partner as beneficiary;
- ☐ A retirement plan or life insurance policy beneficiary designation form designating the domestic partner as beneficiary;
- ☐ A signed durable power of attorney to the effect that the employee and the domestic partner have granted powers to one another;
- ☐ Copies of each domestic partner's driver's license that indicates the same address;
- ☐ Other acceptable proof of joint financial responsibility as determined by the Metro Human Resources.

Employee Signature Date: _____

Domestic Partner Signature Date: _____

Notarization Required:

Sworn to and subscribed in my presence this _____ day of _____,
20____.

(notary public) _____

commission expires _____.

Recorded in _____ County

Department Appointing Authority or Designee Date: _____

Employee Acknowledgements: I acknowledge the following

I understand I am required to notify my department's Human Resources coordinator within 30 days of the date that my domestic partnership ends. I understand that I cannot add a new domestic partner (or the same partner) for an additional 365 days from the date of the Termination notice on file with my department. A new partnership status must be (re)established in accordance with the 365 day requirement. I understand providing false or misleading information in this Declaration may result in disciplinary action (up to and including termination of employment), civil liability, criminal prosecution and/or termination of benefits.

Employee Signature

Date: _____

Employee SSN

Employee ID#

Department Appointing Authority or Designee

Date: _____