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Reset Form



Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services

Maine Center for Disease Control and Prevention (Maine CDC)
220 Capitol Street
11 State House Station
Augusta, Maine 04333-0011
(207) 287-3771
Fax : (207) 287-1093 TTY Users: Dial 711 (Maine Relay)

Declaration Of Domestic Partnership

“Domestic Partner means one of two unmarried adults who are domiciled together under long-term arrangements that evidence a commitment to remain responsible indefinitely for each other’s welfare.”

Domestic Partner A:

Form for Domestic Partner A with fields: 1a. First Name, 1b. Middle Name, 1c. Last Name, 1d. Include Any Former Names, 2. Street Address, 3. City, 4. State, 5. Zip code, 6. County, 7. Date of Birth, 8. Place of birth (State or foreign country), 9. Ever Registered as Domestic Partner in Maine?

Domestic Partner B:

Form for Domestic Partner B with fields: 10a. First Name, 10b. Middle Name, 10c. Last Name, 10d. Include Any Former Names, 11. Street Address, 12. City, 13. State, 14. Zip Code, 15. County, 16. Date of Birth, 17. Place of Birth (State or foreign country), 18. Ever Registered as Domestic Partner in Maine?

By signing this declaration, we hereby certify that:

- The partners named above are not prohibited under Title 19-A M.R.S.A. §701 (2), (3), or (4) from marriage.
That this declaration does not create a marriage between the partners herein mentioned.
That the partners named above have been legally domiciled together in this State for at least 12 months preceding the filing of this document.
That neither partner named above is married or in a registered domestic partnership with another person; and
That each partner named above is the sole domestic partner of the other and expects to remain so.

Registration of this declaration may affect property and inheritance rights. It is not a substitute for a will, a deed or a partnership agreement and any rights conferred by registration may be completely superseded by a will, a deed or other instruments that may be executed by either partner. Registration of Domestic Partnership is not effective until this Declaration is signed and dated by Registrar at the Maine CDC vital records office. A \$50.00 registration fee must accompany the Declaration. Checks shall be made payable to: “Treasurer, State of Maine”. Please print, use black ink only and raised seal to notarize (DO NOT USE notary stamp). Send completed Declaration and fee to the address at the top of this form.

I hereby certify under oath, first being duly sworn, that I have read this declaration in its entirety, I understand the terms or conditions outlined above, and that all the statements herein are true.

Signature and certification fields for both partners, including checkboxes for reviewing termination instructions.

Signature and commission expiration fields for the Notary Public.

SIGNATURE AND DATE BELOW FOR MAINE CDC VITAL RECORDS OFFICE USE ONLY

Signature of Registrar

Date Filed