

Affidavit of Common Law Marriage

MEMBER INFORMATION

MEMBER'S LAST NAME		MEMBER'S FIRST NAME		MEMBER'S MIDDLE INITIAL
MAILING ADDRESS				APT #
CITY			STATE	ZIP
SS # (last 4 digits only) XXX-XX-	EMAIL			

SPOUSE INFORMATION

SPOUSE'S LAST NAME		SPOUSE'S FIRST NAME		SPOUSE'S MIDDLE INITIAL
MAILING ADDRESS				APT #
CITY			STATE	ZIP
SS # (full 9 digits)	EMAIL			

Upon signing this form, the undersigned, attest to the following facts:

- From _____ to the present, by mutual consent, agreement, or intention, we have entered into a marital relationship, where we share a life together as spouses in a committed, intimate relationship of mutual support and mutual obligation. We hold ourselves out to the community as a married couple, and have the reputation as being a married couple.
- We are eighteen years of age or older.
- There is no legal impediment to our marriage, including, but not limited to, a prior marriage that has not been legally terminated by death or divorce.
- We understand that our common law marriage can be terminated legally only through death or divorce.
- We understand that executing this Affidavit may have other legal and financial consequences, and that we have been advised to consult with an attorney about those consequences.
- We understand that misrepresentation of marital status for purposes of obtaining benefits may be considered fraud and could make either or both parties liable to repay benefits wrongly obtained.
- We understand that FPPA may request additional verification of the information contained in this Affidavit. We certify that any and all information that we may present as evidence of our marriage is true and accurate and that any documents presented are authentic.
- The information contained herein is true and complete to the best of our knowledge and that this agreement becomes effective on the date entered on page 2 of this document.

REQUIRED SIGNATURE & NOTARY

Sign and date below in the presence of a notary public.

MEMBER'S FULL LEGAL SIGNATURE

DATE

SPOUSE'S FULL LEGAL SIGNATURE

DATE

For Notary Use Only

SUBSCRIBED AND SWORN TO ME	THIS DAY AND MONTH	OF THIS YEAR
IN THE COUNTY OF	IN THE STATE OF	
WITNESS MY HAND AND OFFICIAL SEAL	NOTARY'S COMMISSION EXPIRES	
NOTARY'S OFFICIAL SIGNATURE		

NOTARY SEAL