

TOWN OF SOUTHAMPTON

Main Office

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SOUTHAMPTON, NY 11968

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OFFICE OF TOWN CLERK SUNDY A. SCHERMAYER

Town Clerk Annex

Phone: (631) 723-2712

Fax: (631) 723-3080

Website:

www.southamptontownny.gov

STATEMENT OF DOMESTIC PARTNERSHIP CHAPTER 152, SOUTHAMPTON TOWN CODE \$30.00 FEE

We, the undersigned hereby state and acknowledge that we are both 18 years of age or older and that we consider ourselves to be domestic partners. We further state and acknowledge that we share a primary residence in the Town of Southampton.

We further state and acknowledge that the following are true:

- We are not married to another individual
- We are not related by blood
- We are competent to enter into a contract
- We declare to be each other's sole domestic partner
- We contribute to each other's maintenance and support
- If a change in status occurs in the partnership, we agree to file a termination statement
- Affirm that neither party has filed a statement of termination within the last six months

Please note: The Town of Southampton may be required to release statistics or information pertaining to domestic partnerships which have been registered by the Town Clerk and are legally obtainable under the Freedom of Information Laws of New York State (*Public Officers Law, Article 6*).

SIGNATURE

SIGNATURE

PRINT NAME

PRINT NAME

ADDRESS

ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

DATE OF BIRTH

DATE OF BIRTH

PROOF OF RESIDENCY

PROOF OF RESIDENCY

EFFECTIVE DATE OF DOMESTIC PARTNERSHIP _____

Sworn to before me this

_____ day of _____, 20____

Notary Public

*******THIS DOMESTIC REGISTRY DOES NOT CONFER ON THOSE REGISTERED ANY LEGAL RIGHTS ONE WOULD RETAIN IF THEY WERE OBTAINING A MARRIAGE CERTIFICATE.**