



SIUE Campus Recreation Affidavit of Domestic Partnership (Confidential)

I. Declaration:

We, _____ and
(PRINT NAME)

_____ certify that we are
(PRINT NAME)

domestic partners in accordance with the following criteria:

II. Representations:

1. We are each other's sole domestic partner and intend to remain so indefinitely.
2. Neither of us is married.
3. Each of us is at least 18 (years old) and mentally competent to consent to contract.
4. We are not related by blood to a degree of closeness which would prohibit legal marriage (in the state in which we legally reside).
5. We are jointly responsible for each other's common welfare and share financial obligations. Joint responsibility for each other's common welfare and shared financial obligations may be demonstrated by the existence of two (2) of the following items. We have circled below the two types of documentation that we will provide with this Statement.
 - a. Domestic Partnership Agreement
 - b. Joint mortgage or lease
 - c. Designation of domestic partner as beneficiary for life insurance
 - d. Designation of domestic partner as beneficiary for retirement contract
 - e. Designation of domestic partner as primary beneficiary in student's will or of student domestic partner's will
 - f. Durable property and healthcare powers of attorney
 - g. Joint ownership of motor vehicle
 - h. Joint checking account
 - i. Joint credit account

III. ACKNOWLEDGEMENT OF RESPONSIBILITIES:

We both understand the responsibilities and guidelines listed below and agree to meet these expectations:

1. We agree to notify the Southern Illinois University Edwardsville (SIUE), Campus Recreation Department if there is any change in our status as certified in this statement. We will notify SIUE Campus Recreation within 30 days of such change. Statement shall affirm that the domestic partnership status is terminated as of the date of execution and that a copy of the statement has been mailed to the other partner by the party authorizing such action. We agree that we may not declare a new domestic partner until 12 months have passed. We understand that any false or misleading statements made in order to qualify for a family membership for which we do not qualify may subject the partner affiliated with SIUE to disciplinary action. We understand and agree that the only service which may be made available to a domestic partner with this Campus Recreation agreement are those controlled solely by the SIUE Campus Recreation department.
2. I understand that the Campus Recreation Domestic Partner Membership Rate applies only to the domestic partner's membership under the circumstances attested to in this Affidavit.
3. If the SIUE affiliate membership expires, the connected domestic partner's membership will also expire.

Date: _____

SIUE Student/Alumni/Faculty/Staff Signature: _____ SIUE ID#: _____

Domestic Partner signature: _____

Return this completed Statement with appropriate copies (not originals) and complete the membership application and payment at the SFC Reception Desk during the hours of 9 AM-5:30 PM, Monday to Friday. Two business days hours may be needed to complete the processing of this form.

Office use only

Approved for SIUE Campus Recreation - Domestic Partner Membership

Domestic Partner Membership # _____ (check for existing or assign)

Name (signature): _____

Name (print): _____

Title: _____

Date: _____