

**UW-Madison
Declaration of Domestic Partnership Form**

Name of UW-Madison Employee/Student:	If Employee, Social Security #:	If Student, Student ID #:	
Name of Domestic Partner:			
Street:	City:	State:	Zip Code:

We meet the following criteria

1. We are in a relationship of mutual support, caring, and commitment and intend to remain in this relationship.
2. Neither of us is currently legally married to anyone.
3. Neither of us is currently considered to be a domestic partner with anyone else under this or any other domestic partnership agreement.
4. Each of us is at least 18 years of age or is an emancipated minor.
5. We are not related by blood to a degree that would bar marriage in the State of Wisconsin.
6. We have at least two of the following (and can provide documentation if requested):
 - a. domestic partnership agreement, including, but not limited to, legal registration of the domestic partner relationship with a local, state, federal, or foreign government
 - b. joint mortgage, lease, or title; or currently share the same residence and intend to do so indefinitely
 - c. designation of domestic partner as beneficiary for life insurance or retirement contract
 - d. durable property or healthcare powers of attorney
 - e. joint ownership of motor vehicle, joint checking account, or joint credit account.

We understand that this form may be requested by any member of the public pursuant to state and federal open records legislation.

We agree to notify all UW-Madison units to which we have presented this form to obtain services should our domestic partnership end. We understand that either of us may serve such notice.

We understand that any false or misleading statements made in order to receive services for which domestic partners qualify may subject the student/employee to disciplinary action.

We affirm that the information stated herein is true and correct to the best of our knowledge.

Signature of Employee/Student

Date

Signature of Domestic Partner

Date

Present signed form to UW-Madison unit providing services

This form will be accepted as an acceptable statement of a domestic partner relationship by all UW-Madison units providing services to spouses and partners of UW-Madison employees and students [Exception: some programs require additional proof of partnership and/or affidavit (e.g., the Student Health Insurance Program) if required by an outside entity].

For more information about the services available to domestic partners or the use of this form, contact the LGBT Issues Coordinator in the Dean of Students Office at 263-5700 or the Office of Human Resources at 265-2257.

UW-Madison Domestic Partnership Policy: *The University of Wisconsin-Madison is committed to diversification of the student body, faculty and staff and to serving the needs of those groups. Given this commitment, it is critical that all members of the student body, faculty, and staff be accorded equal treatment. In that light, domestic partners of students, faculty, and staff are entitled to access all services extended to spouses - as allowed by State law and University of Wisconsin System regulations.*