



## Township of Randolph General Instructions for Fillable Forms

Please note that a fillable form is **NOT** the same as electronic filing and it is not possible to electronically submit a form—you must print it out after entering the information. If the form requires a signature, most agencies will require that they receive the form with an original signature.

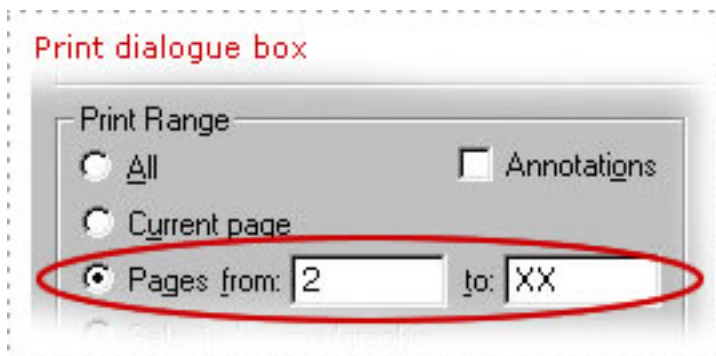
**IMPORTANT:** The free Adobe Reader software cannot save the form with the fill-in data for use at a later time. You can, however, save a blank fillable form for future use. To do this, return to the page containing the link to this form. Instead of clicking on it as you would normally do, right-click and select Save Target As/Save Link As from the pop-up menu which appears. See the “Helpful Hints” section on our [Online Forms](#) page for more information.

- After reading through these instructions, proceed to the first page of this form. Once it’s displayed in your browser window, position the hand pointer inside a form field and click. The hand pointer changes to an I-beam in fields where entering text is permitted.
- Enter your information and then press Tab on your keyboard to go to the next field. You may also use your cursor to move from field to field. Place your cursor in the field you want to fill in and click.
- Once you have filled out the entire form and are ready to print it out, be sure to make note of how many copies you will need. Some forms must be submitted to more than one agency and it is recommended you print an additional copy for your records.
- Make sure the cursor is not inside a form field before printing the form. To do this, use the mouse to click in an area of the form where there are no fields (i.e., click your mouse on the Randolph logo).

- Do **NOT** use your web browser’s print function. Instead, use the print button at the left of the Adobe Reader tool bar, which appears immediately above the viewing window.



- Clicking on the print button launches a print dialogue box which gives you several options, including the option to print the entire document or specify a range of pages to print.



Since there is no need to include this instruction page when you print out or submit the form, we suggest you specify a print range beginning with Page 2 through to the last page of this form.

**Caveat:** In situations where you need more room than provided for entering information into a field, you will have to attach your

own supplemental information to the printed form. If you can’t see what you’ve entered into a field in its entirety, that means it won’t be visible when printed either.

New Jersey Department of Health and Senior Services  
**AFFIDAVIT OF DOMESTIC PARTNERSHIP**

STATE FILE NUMBER

*A person who unlawfully executes an Affidavit of Domestic Partnership shall be subject to a civil penalty of up to \$1000.*

1a. Full Name of Domestic Partner A ( <i>First, Middle, Last</i> )			2a. Full Name of Domestic Partner B ( <i>First, Middle, Last</i> )		
1b. Birthdate ( <i>M/D/Y</i> )	1c. Age	1d. Sex	2b. Birthdate ( <i>M/D/Y</i> )	2c. Age	2d. Sex
3a. Common Residence Street Address			3b. County		
3c. City			3d. State	3e. Zip Code	

**We, the undersigned, do declare that we meet the requirements of N.J.S.A. 26:8A-4, for entering into a domestic partnership at this time and that we wish to enter into a domestic partnership with each other:**

- we share a common residence;
- we are jointly responsible for each other's common welfare as evidenced by joint financial arrangements or joint ownership of real or personal property;
- we agree to be jointly responsible for each other's basic living expenses during the domestic partnership;
- neither of us is in a marriage recognized by New Jersey law or a member of another domestic partnership;
- we are not related to each other by blood or affinity up to and including the fourth degree of consanguinity (see note below);
- we are both members of the same sex over the age of 62 -OR- each of us is over the age of 62 and not of the same sex;
- we have chosen to share each other's lives in a committed relationship of mutual caring;
- neither of us has terminated another domestic partnership within the last 180 calendar days, except that this prohibition shall not apply if one of the partners died.

**The representations herein are true, correct and contain no material omissions of fact to the best of our knowledge and belief.  
 Both partners must appear together in the presence of a Notary Public to record their signatures below.**

Signature of Domestic Partner A	Signature of Domestic Partner B
Date	Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_ My Commission Expires on: \_\_\_\_\_

LOCAL REGISTRAR USE ONLY		
<input type="checkbox"/> Affidavit of Domestic Partnership Filed	Date Filed	Registration Number Assigned
Name of Local Registrar Receiving Affidavit of Domestic Partnership	Signature	
Name of Municipality	County	

Note: Consanguinity is generally used to refer to someone who is related by blood, while affinity is normally used to describe someone who is related by marriage. Applicants are advised to make their own determination or seek legal counsel as to whether they are related, up to and including the fourth degree of consanguinity, before they take the oath for the affidavit.

**Once signed and notarized, this form will be distributed as follows:  
 One (1) copy to the State Registrar • One (1) copy to the Local Registrar  
 One (1) copy to Partner A • One (1) copy to Partner B**

**Consequently, if you are completing this form electronically, please be sure to print out  
 four (4) copies, each of which must contain original signatures and notary seals.**

New Jersey Department of Health and Senior Services  
**AFFIDAVIT OF DOMESTIC PARTNERSHIP**

*(AFFIDAVIT OF DOMESTIC PARTNERSHIP VALID FOR USE ONLY WITHIN THE STATE OF NEW JERSEY)*

***For informational purposes only • Do not include with Affidavit***

**To register a Domestic Partnership in the State of New Jersey, applicants must:**

- Execute the attached Affidavit of Domestic Partnership form together in the presence of a Notary Public
- File the notarized Affidavit of Domestic Partnership form with the Local Registrar of Vital Statistics in any municipality in New Jersey to obtain a Certificate of Domestic Partnership
- Remit payment of the registration fee as established by the appropriate New Jersey Regulations
- Provide valid identification for each applicant that establishes name, age and date of birth
- Identify a common residence in the State of New Jersey or share a common residence in another jurisdiction if at least one of the applicants is a member of a New Jersey state-administered retirement system
- ***(FOR NON-NJ RESIDENTS):*** Provide proof of membership in a New Jersey state-administered retirement system as evidenced by one or more of the following documents issued by the New Jersey Division of Pensions and Benefits:
  - Personal Benefits Statement from the previous year
  - 1099R from the previous calendar year
  - Certificate of Pension Membership
- Provide proof of a joint financial responsibility as evidenced by one or more of the following:
  - Joint deed, mortgage agreement or lease
  - Joint bank account
  - Designation of one of the persons as primary beneficiary in the other person's will
  - Designation of one of the persons as primary beneficiary in the other person's life insurance policy or retirement plan
  - Joint ownership of a motor vehicle

***A DOMESTIC PARTNERSHIP IS NOT CONSIDERED REGISTERED  
UNTIL THE ABOVE REQUIREMENTS HAVE BEEN SATISFIED.***