

Department of Human Resources
AFSCME Local 7 Certification of Life Partner

Application Number: _____

- I. Life partner shall be defined as two consenting and legally unmarried adults who have chosen to share in one another's lives in an intimate and committed relationship of mutual caring. The partners must be living together in the same living quarters, and must also intend to remain together. The partners must have agreed to be jointly responsible for the basic living expenses incurred during the life partnership. Completion of this form serves as the Domestic Partners' certification of their life partnership status only for the purpose of the City of Toledo's Human Resources Department relative to Section 2117.108 (e), of the AFSCME Local 7 collective bargaining agreement. This form must be completed in its entirety and proper documentation attached before certification can be approved.

Employee Name: _____

Department and Division: _____

Life Partner Name: _____

I hereby certify that I am at least 18 years old and competent to contract. I am the sole life partner of _____. My life partner is also more than 18 years and competent to contract. My life partner and I are not related to each other to a degree that would bar marriage to my life partner in this state. I have not been a registered life partner with another individual during the six months immediately prior to the application date unless that life partner was terminated by death or marriage. I share a relationship of mutual support, caring and commitment, and intend to remain in this relationship. I HEREBY CERTIFY THAT THE ABOVE IS A TRUTHFUL REPRESENTATION OF MY LIFE PARTNERSHIP WITH _____ ON THIS DATE OF 20_____.

Employee Signature

Date

Life Partner Signature

Date

Witness

Date

- II. In order to apply for an extension of funeral pay benefits under contract section 2117.108 (e), an employee's life partner must be certified by the City of Toledo. Certification requires one of the following documents to be attached:

1. Proof of a common or joint ownership of residence,
2. Current lease identifying both partners as tenants,
3. Joint ownership of a motor vehicle,
4. Joint bank or credit union account,
5. Joint credit account, or
6. Proof that they have identified each other as primary beneficiaries in their wills.

I HEREBY CERTIFY THAT THE ABOVE LIFE PARTNER APPLICATION HAS BEEN REVIEWED AND APPROVED THIS _____ DAY OF _____, 20 ____.

Human Resources Representative Signature