

AFFIDAVIT OF MARRIAGE

l hereb	y certify that on the day o	MONTH OF MARRIAGE, in the year YEAR (YYYY) OF MARRIAGE,	
in the state (or Country if outside the U.S.) of,			
that I,	PRINT OR TYPE NAME (EMPLOYEE)	, was legally and ceremonially m	arried to
	PRINT OR TYPE NAME (SPOUSE)	, and continue to be married as	of this date.
The re	·	ntain no material omissions of fact to the best of	nur knowledge
and belief. This notarized form and a copy of our marriage certificate will be submitted to SISC as proof eligibility.			
I acknowledge this affidavit is a legally binding document. By signing this document below, I agree, pursuant to Government Code section 22818(a)(3), that I may be required to reimburse my employer, the health benefit plan, and/or SISC for any expenditures made for medical claims, processing fees, administrative expenses, and attorney's fees on behalf of the person I claim as my spouse/domestic partner, if any information submitted in this document is found to be inaccurate or fraudulent. I further agree to notify my Personnel Office or SISC immediately of any changes pertaining to marital status. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.			
Dated:	, 20		
	SIGNATURE (EMPLOYEE)	PRINT OR TYPE NAME (EMPLOYEE)	
	SIGNATURE (SPOUSE)	PRINT OR TYPE NAME (SPOUSE)	
Mailing	g Address	City State	Zip
A notary public or other officer completing this certificate verifies only the identity of the individual(s) who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.			
	of California NO	TARIZATION IS REQUIRED	
On_	, before me,	, Notary F	Public, personally
appeared			
WITNE	ESS my hand and official seal.		
Signat	ure of Notary Public	_	[SEAL]