

## **AFFIDAVIT OF MARRIAGE**

l hereb	y certify that on the	day of	, 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	, was legally and ceremonially married to	
	PRINT OR TYPE NAME (SPOUSE)		, and continue to	be married as of this date.	
	presentations are true and correct lief. This notarized form and a copy of	-		•	
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	Stat	te 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 y of	NOTARIZATIO	N IS REQUIRED		
appear who p acknow instrum under	on				
	ure of Notary Public			[SEAL]	