

COMMON LAW MARRIAGE AFFIDAVIT

The following information is required prior to a request to add a common law spouse or a dependent child:

Insured's Name:			
Name of Common Law Spouse:			
Insured's SSN:		Spouse SSN:	

AFFIDAVIT OF COMMON LAW MARRIAGE

We, the undersigned, being first duly sworn, attest that the following statements are true:

1. We are residents of the State of _____.
2. I am the wife/husband of _____(Insured).
3. We have mutually consented and agreed to be married and are married to each other.
4. There is no legal impediment of our marriage, including but not limited to a prior marriage of either party that has not been legally terminated by death or divorce.
5. As evidence of our marriage contract, we cohabit together as husband and wife, refer to each other as husband and wife and are known by our families and the community as husband and wife.
6. The date of our Common Law Marriage is:_____.
7. We affirm that dissolution of the marriage will require legal divorce proceedings.

Signature of Insured:			
STATE OF:		COUNTY OF:	

Sworn to before me, a notary public, by said _____, personally known to me on this ___ day of _____, 20___.

Notary Public:	
My commission expires:	

Signature of Common Law Spouse			
STATE OF:		COUNTY OF:	

Sworn to before me, a notary public, by said _____, personally knownto me on this ___ day of _____, 20___.

Notary Public:	
My commission expires:	