



State of Rhode Island & Providence Plantations  
Office of Employee Benefits  
One Capitol Hill  
Providence, RI 02908-5860  
Office: (401) 222-3160  
Fax: (401) 222-6391

**AFFIDAVIT OF COMMON LAW MARRIAGE**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Common-Law Spouse Name

1. We hereby certify that we meet all of the following criteria:
  - We are each at least eighteen (18) years of age and mentally competent to contract.
  - We are not related by blood to a degree which would prohibit marriage in our state of legal residence.
  - Neither of us is married to anyone else, and neither of us has been married to anyone since \_\_\_\_\_ [date of most recent formal decree of divorce].
  - We reside together and have resided together for at least one (1) year.
  - We have considered ourselves to be married and have conducted ourselves such that our friends, family, and community consider us married.
2. Please provide documentation to substantiate two (2) of the following items as evidence that you hold yourself as married in the community:
  - Common Law Marriage Agreement or Relationship Contract
  - Joint mortgage or joint ownership of primary residence
  - Joint ownership of vehicle
  - Joint lease
  - The Common Law Spouse has been designated as a beneficiary for the employee's will, retirement contract or life insurance (Must be dated (1) year prior to request for coverage)
  - Joint checking, savings or credit account (Must be dated (1) year prior to request for coverage)
3. Please attach your most recent signed Federal Tax Form as substantiation of your marital status. [Black out financial information and no schedules should be included].
4. We understand that the information contained in this Affidavit is confidential and is being provided for the sole purpose of determining eligibility for benefits. We also understand that acceptance of this Affidavit by the Office of Employee Benefits in no way constitutes a legal determination that our common law marriage is valid under applicable law.

5. We affirm that the statements attested to in this Affidavit are true and correct to the best of our knowledge. We understand that we are responsible for reimbursing the State of Rhode Island for any expenses incurred as a result of any false or misleading statement contained in this Affidavit. **We further understand that a false statement in this affidavit could result in disciplinary or legal action.**

State of Rhode Island  
County of \_\_\_\_\_

I, \_\_\_\_\_ do hereby under oath depose and say that the foregoing representations, information and documentation provided herein are true, correct, and complete.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Social Security #

\_\_\_\_\_  
Date

\_\_\_\_\_  
State Dept./Agency

Subscribed and sworn to before me in \_\_\_\_\_, Rhode Island on the  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
(Print Name: \_\_\_\_\_)

\_\_\_\_\_  
My Commission Expires:

State of Rhode Island  
County of \_\_\_\_\_

I, \_\_\_\_\_ do hereby under oath depose and say that the foregoing representations, information and documentation provided herein are true, correct, and complete.

\_\_\_\_\_  
Common-Law Spouse Signature

\_\_\_\_\_  
Common-Law Spouse  
Social Security Number

\_\_\_\_\_  
Date

Subscribed and sworn to before me in \_\_\_\_\_, Rhode Island on the  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
(Print Name: \_\_\_\_\_)

\_\_\_\_\_  
My Commission Expires:

**Approval:** \_\_\_\_\_

\_\_\_\_\_  
**Chief of Employee Benefits, Department of Administration**

\_\_\_\_\_  
**Date**