## **CITY OF TULSA**

Attention: Human Resources/Insurance & Retirement Services 175 East Second Street, Ste. 585 Tulsa, Oklahoma 74103

STAT	E OF OKLAHOMA	)				
COUNTY OF		_ ) ss.				
Affidavit of Common-Law Marriage						
We, _	[employee]	_ and[cor	mmon-law spouse	swear severally	y as follows:	
1.	That by mutual assent we entered into a Common-Law Marriage on the following date:					
2.	We reside as husband and wife (or husband and husband or wife and wife) at the following location:					
	Street Address		City	State	Zip	
3.	That we were competent	to enter into su	ch a marriage as o	of that date;		
4.	That there was no legal impediment to our marriage, including, but not limited to, a prior marriage of either party that had not been legally terminated by death or divorce;					
5.	That we had a bona fide intention to create and enter into a legal marriage as of that date;					
6.	That we refer to each other as, and are known by our families and the community, as husband and wife, or husband and husband, or wife and wife, and otherwise hold ourselves out to the public as a married couple;					
7.	That we recognize that such common-law marriage is as binding as a statutory marriage, and carries with it all marital rights and duties and can only be dissolved by divorce during the life of the parties;					
8.	That we have not execut	ted this Affidavit	of Common Law	Marriage for the s	ole purpose	

actually be married. We further understand employees who obtain or attempt to obtain such benefits for another or themselves by deceitful or fraudulent means, including, without limitation, conduct by an employee which confers or attempts to confer dependency or family member status for another for the primary purpose of meeting the eligibility requirements of the City of Tulsa, will be subject to reimbursing the City of Tulsa any benefits provided, prosecution for criminal acts, and employee will be subject to discipline up to and including termination.

of receiving City of Tulsa benefits for the common law spouse and without the intent to

9.	That the employee understands terminated, other than through diverged required to reimburse the City of Tubbenefits provided.	orce, annulment or deat	h, the employee will be
	Employee Signature:		
	Printed Name:		<del></del>
Subso	cribed and sworn to before me this	day of	, 2020.
		Notary Public	
My co	ommission expires:		
Му со	mmission number:		
	Common-Law Spouse Signature:		
	Printed Name:		
Subso	cribed and sworn to before me this	day of	, 2020.
Му со	ommission expires:	Notary Public	
Му со	mmission number:		