

State of Colorado Affidavit of Marriage



Upon signing this form, we, the undersigned, attest to the following facts:

1. I, _____, am currently a State of Colorado employee and _____, is my spouse who desires to be covered as an eligible dependent pursuant to the rules and procedures of the State of Colorado Department of Personnel & Administration;
2. We were legally married on _____ (date) in _____ (city/county or state)

We represent that the information contained herein is true and complete.

DEPT _____ / _____ DIV

EMPLOYEE'S FULL NAME (Please Print)

X
EMPLOYEE'S SIGNATURE

EMPLOYEE'S DATE of BIRTH

EMPLOYEE SOCIAL SECURITY NUMBER

SPOUSE'S FULL NAME (Please Print)

X
SPOUSE'S SIGNATURE

SPOUSE'S DATE of BIRTH

SPOUSE SOCIAL SECURITY NUMBER

Employee and Spouse may attach a copy of official marriage certificate as recorded by the appropriate civil authority in lieu of notarization.

Sworn to before me this _____ day of _____, 2 _____

X
Notary Public

My Commission Expires

Notary Public's Address

It is unlawful for any person to knowingly and intentionally provide false, incomplete, or misleading facts or information on any benefits enrollment form, affidavit, or other document for the purpose of defrauding or attempting to defraud the State of Colorado with regards to the application for benefits or claim for benefits. Penalties may include imprisonment, fines, denial of enrollment in any or all of the state's group benefit plans, civil damages, termination of enrollment in any or all of the state's benefit plans, or as provided in regulations, statutes, and written directives.