

# State of Colorado

## Affidavit of Common Law 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 have lived together continuously, in Colorado, as husband and wife from \_\_\_\_\_ to the present;
3. We hold ourselves out to the community as husband and wife, consent to the marriage, cohabit and have the reputation in the community as being husband and wife;
4. We are eighteen years of age or older;
5. There is no legal impediment to our marriage. A legal impediment includes, but is not limited to, a prior marriage of either party that has not been legally terminated by death or divorce, the parties are the same sex, or the parties are closely related and would be prohibited under state law from marrying; and
6. We understand that a common-law marriage, in the state of Colorado, is valid for all purposes, the same as a ceremonial or civil marriage, and can only be terminated by death or divorce.
7. We understand that a common-law marriage contracted within or outside of Colorado on or after September 1, 2006 that does not satisfy the requirements set forth in Title 1, Article 2 of the Colorado Revised Statutes is not recognized as valid in Colorado.

We represent that the information contained herein is true and complete to the best of our knowledge; and that this agreement becomes effective on the date entered below. We understand that the State may request verification of the information contained in this Affidavit.

	DATE
EMPLOYEE'S NAME (Please Print)	EMPLOYEE'S SIGNATURE
EMPLOYEE'S SOCIAL SECURITY NO.	AGENCY
SPOUSE'S NAME (Please Print)	SPOUSE'S SIGNATURE
SPOUSE'S SOCIAL SECURITY NO.	
Sworn to before me this _____ day of _____, 19 _____	
Notary Public	My Commission Expires
Notary Public's Address	
<p><b><i>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.</i></b></p>	

