FPPA Fire & Police Pension Association of Colorado

Affidavit of Common Law Marriage

Questions about completing this form?

(303) 770-3772 in the Denver Metro area

(800) 332-3772 toll free nationwide Return completed form to:

FPPA

5290 DTC Parkway Suite 100 Greenwood Village, Colorado 80111-2721

Or FAX form to: (303) 771-7622

MEMBER INFORMA	ATION					
MEMBER'S LAST NAME	MBER'S LAST NAME		ИΕ	MEMBER'S MIDDLE INITIAL		
MAILING ADDRESS	APT#					
CITY			STATE	ZIP		
SS # (last 4 digits only)	EMAIL					
XXX-XX-						
SPOUSE INFORMA	TION					
SPOUSE'S LAST NAME		SPOUSE'S FIRST NAM	E	SPOUSE'S MIDDLE INITIAL		
MAILING ADDRESS	APT#					
CITY			STATE	ZIP		
SS # (full 9 digits)	EMAIL	EMAIL				
Upon signing this	form, the unders	igned, attest to the follo	wing facts:			
	to the present					
_	out to the commur			cohabit and have the reputation as		
• We are eighteen ye	ars of age or older					

- There is no legal impediment to our marriage, including, but not limited to, a prior marriage that has not been legally terminated by death or divorce
- · We understand that our common law marriage can be terminated legally only through death or divorce
- · Executing this Affidavit may have other legal and financial consequences, please consult with an attorney
- Misrepresentation of marital status for purposes of obtaining benefits may be considered fraud and could make either or both parties liable to repay benefits wrongly obtained
- FPPA may request additional verification of the information contained in this Affidavit. We certify that any and all information that we may present as evidence of our marriage is true and accurate and that any documents presented are authentic
- 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

REQUIRED SIGNATURE & NOTARY

Sign and date below in the presence of a notary public.							
MEMBER'S FULL LEGAL SIGNAT	URE	DATE					
SPOUSE'S FULL LEGAL SIGNATU	JRE	DATE					
For Notary Use Only	•••••	••••••••	•••••	• • • • • • • • • • • • • • • • • • • •			
SUBSCRIBED AND SWORN TO ME	THIS DAY AND MONTH	OF THIS YEAR	NOTARY SEAL				
IN THE COUNTY OF		IN THE STATE OF					
WITNESS MY HAND AND OFFICIAL SEAL	NOTARY'S COMMISSION EXPIRES						
NOTARY'S OFFICIAL SIGNATURE	Ξ						