

Securing Your Tomorrows

MARITAL STATUS DECLARATION FOR MARRIED MEMBERS OR MEMBERS WITH A DOMESTIC PARTNER ALL MEMBERS

Social Security Number _____

I, _____, the undersigned, hereby declare:

That at the time of retirement I am the spouse or domestic partner of _____,
Name

having entered this marriage or partnership on _____, in _____.
Date City/State

That pursuant to the request of the Los Angeles City Employees' Retirement System, I have furnished copies of documents dissolving my prior marriage(s)/CA State Domestic Partnership(s):

Name	City/State and Case Number	Date of Dissolution/Death
------	----------------------------	---------------------------

Name	City/State and Case Number	Date of Dissolution/Death
------	----------------------------	---------------------------

That pursuant to the request of the Los Angeles City Employees' Retirement System, I have furnished copies of documents dissolving my spouse's or domestic partner's prior marriage(s)/CA State Domestic partnerships(s):

Name	City/State	Date of Dissolution
------	------------	---------------------

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature

Dated this _____ day of _____, _____ at _____.
City

ADA NOTICE

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services and activities.