AFFIDAVIT OF MARRIAGE

I hereby certify that on the	day of	, in the year		
DAY OF M	ONTH MONTH	YEAR (YYYY)		
in the state (or Country if outside the	U.S.) of		,	
that I, PRINT OR TYPE NAME (EMPLOYEE)		;		
PRINT OR TYPE NAME (EMPLOYEE)				
was legally and ceremonially married	l to			
		, and continue to be marr	ied as of this date.	
PRINT OR TYPE NAME (SPOUSE)				
The representations are true and co and belief.	rrect, and contain no materi	al omissions of fact to the be	est of our knowledg	
I acknowledge this affidavit is a legal Government Code section 22818(a)(3 and/or SISC for any expenditures ma attorney's fees on behalf of the perso	B), that I may be required to re de for medical claims, proces on I claim as my spouse/dome	eimburse my employer, the he ssing fees, administrative exp estic partner, if any information	alth benefit plan, enses, and on submitted in this	
document is found to be inaccurate of immediately of any changes pertaining		o notify my Personnel Office	or SISC	
, , , , , , , , , , , , , , , , , , , ,				
I CERTIFY UNDER PENALTY OF PER FOREGOING IS TRUE AND CORREC		THE STATE OF CALIFORNIA	THAT THE	
TOREGOING IO TRUE AND GORRES				
Dated:, 2	0			
,				
SIGNATURE (EMPLOYEE)	PRIN	T OR TYPE NAME (EMPLOYEE)		
SIGNATURE (SPOUSE)	PRIN	T OR TYPE NAME (SPOUSE)		
Mailing Address	City	State	Zip	
State of California County of	NOTARIZATION IS REC	RUIRED		
On, before me,		, N	, Notary Public, personally	
appearedwho proved to me on the basis of satisfactor acknowledged to me that he/she/they executionstrument the person(s), or the entity upon bunder the laws of the State of California that the	ted the same in his/her/their authorizehalf of which the person(s) acted, ex	zed capacity(ies), and that by his/her, secuted the instrument. I certify under	their signature(s) on the	
WITNESS my hand and official seal.				
			IOFAL1	
Signature of Notary Public			[SEAL]	