

# DECLARATION OF A SAME-SEX DOMESTIC PARTNERSHIP FOR DEERS ENROLLMENT

OMB No.  
OMB approval expires

The public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (XXX-XXX). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO A REAL-TIME AUTOMATED PERSONNEL IDENTIFICATION SYSTEM (RAPIDS) SITE.**

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 113; 10 U.S.C. 136.

**PRINCIPAL PURPOSE(S):** To allow eligible DoD civilian employees or other eligible individuals to declare a same-sex domestic partner for the purpose of establishing eligibility for a DoD ID card and benefits. Completed forms are covered by Defense Enrollment Eligibility Reporting Systems (DEERS), <http://dpclo.defense.gov/privacy/SORNS/component/osd/DMDC02.html>.

**ROUTINE USE(S):** Once a same-sex domestic partner is entered into DEERS, the routine uses identified at the link above may apply as appropriate. The DoD Blanket Routine Uses found at [http://privacy.defense.gov/blanket\\_uses.shtml](http://privacy.defense.gov/blanket_uses.shtml) may apply to this collection.

**DISCLOSURE:** Voluntary. However, if you do not provide the requested information, DoD may not be able to recognize your same-sex domestic partner as a beneficiary and provide benefits.

For purposes of this declaration, the following definitions apply:

**SAME-SEX DOMESTIC PARTNER** means a person in a same-sex domestic partnership with an eligible DoD civilian employee, or other eligible individual of the same sex.

**SAME-SEX DOMESTIC PARTNERSHIP** means a committed relationship between two adults of the same sex which meets all of the requirements below.

# D R A F T

**We attest that the following statements are true and correct:**

1. We are each other's sole same-sex domestic partner and intend to remain so indefinitely;
2. We are not married (legally or by common law) to, joined in civil union with, or in a same-sex domestic partnership with anyone else;
3. We are at least 18 years of age and mentally competent to consent to contract;
4. We share responsibility for a significant measure of each other's common welfare and financial obligations;
5. We are not related in a way that, if we were of opposite sexes, would prohibit legal marriage in the State or U.S. jurisdiction in which we reside; and,
6. With regard to a common residence:
  - a. We maintain a common residence and intend to continue the arrangement; or,
  - b. We would maintain a common residence but for requirements of military service, an assignment abroad or other employment-related, financial, or similar obstacle.

**We also agree to and understand that:**

7. We shall submit a DD Form X654, "Dissolution of Same-Sex Domestic Partnership for DEERS Termination," to an ID card issuing facility within 30 days of (a) the date of dissolution of the same-sex domestic partnership, or (b) the date the same-sex domestic partnership no longer meets the eligibility requirements.
8. Benefits associated with the same-sex domestic partnership will be terminated upon dissolution of the relationship; and,
9. Willful falsification of information within this declaration, failure to abide by its terms, or failure to submit a DD Form X654 to an ID card issuing facility within 30 days of the dissolution or termination of the same-sex domestic partnership may lead to the recovery of the cost of benefits received related to such falsification, and the termination of my same-sex domestic partner's identification card and benefits.

### 1. ELIGIBLE DoD CIVILIAN EMPLOYEE/OTHER ELIGIBLE INDIVIDUAL

a. NAME: Last	First	MI
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b. SIGNATURE	c. DATE SIGNED (MM/DD/YYYY)
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### 2. SAME-SEX DOMESTIC PARTNER

a. NAME: Last	First	MI
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b. SIGNATURE	c. DATE SIGNED (MM/DD/YYYY)
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### 3. DOMESTIC PARTNERSHIP INFORMATION

a. DATE PARTNERSHIP WAS FORMED (MM/DD/YYYY)
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b. COMMON RESIDENCE: Street Address	City	State	ZIP Code
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c. IF NO COMMON RESIDENCE IN ACCORDANCE WITH STATEMENT 6.b., EXPLAIN WHY:
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The instructions for completing the DD Form X653 should be closely followed to ensure accurate data collection. Instructions for the DD Form X653 can be found at: <http://cac.mil/resources/>.