

FORM B
**AFFIDAVIT CONFIRMING ADULT INTERDEPENDENT
PARTNER SURNAME**

I, _____
of _____

make oath and say:

I am the Adult Interdependent Partner of _____
who is the person named on the attached Affidavit Regarding A Name Change.

This Interdependent Relationship began on _____
I was personally present and did see

SWORN before me at _____
in the _____
this ____ day of _____, _____

(Signature of Adult Interdependent Partner)

(Print or Stamp Name of Commissioner)

(Expiry Date of Commission or Office)