

Department of Human Resources

Employee ID number:	
Affidavit of Current Marital Status	
Before me,	a Notary Public in and for said County, in said State,
personally appeared	and
who are known to me and who, being duly sworn, de	pose and say as follows:
 We are currently married in the jurisdiction indicated below. All appropriate marriage certification documentation has been filed in the jurisdiction in which the marriage occurred. 	
I agree to notify Cuyahoga County within 30 days if there is any change in our marital status that would make my spouse no longer qualified for benefits.	
 We certify under penalty of perjury, that the forgoing is true and correct. I understand as an employee that willful falsification of information on this Affidavit may lead to disciplinary action, up to and including discharge from employment. 	
Date of Marriage State/Country of Marriage	
Name of Cuyahoga County Employee (please print)	Signature of Cuyahoga County Employee Date
Name of Spouse (please print)	Signature of Spouse Date
THIS DOCUMENT MUST BE NOTARIZED. PLEASE HAVE THE SECTION BELOW COMPLETED, SIGNED, AND SEALED BY A NOTARY PUBLIC.	
Subscribed and sworn to before me this da	y of, 20
[NOTARY SEAL]	My commission expires:20
	County State