



Office of Employer and Member Health Services
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Reply to Section: _____
Refer to: _____

AFFIDAVIT OF MARRIAGE

I DECLARE THAT THE INFORMATION BELOW IS TRUE AND CORRECT:

I AM UNABLE TO SECURE A COPY OF MY MARRIAGE CERTIFICATE.

TO RECEIVE HEALTH BENEFIT COVERAGE THROUGH THE PUBLIC EMPLOYEES' MEDICAL AND HOSPITAL CARE ACT PROGRAM, I CERTIFY THAT ON THE

____ DAY OF _____, IN THE YEAR _____,
(DAY OF MONTH) (MONTH)

IN THE STATE OF _____,

THAT I, _____, WAS LEGALLY AND
(Print Name)

CEREMONIALLY MARRIED TO _____.
(Print Name)

Signature of principal

ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of _____, County of _____.

on _____, before me, _____,

personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he / she / they executed the same in his / her / their authorized capacity(ies), and that by his / her / their signature(s) on the instruments the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal:

Signature of Notary Public

(Seal)