



Global Health
Common Law Marriage Affidavit

Insured's Name _____ SSN _____

Name of Common
Law Spouse _____ SSN _____

Affidavit of Common Law Marriage

We, the undersigned, being first duly sworn, attest that the following statements are true.

- 1) We are residents of the State of _____.
- 2) I am the spouse of _____ (Insured).
- 3) We have mutually consented and agreed to be married and are married to each other.
- 4) There is no legal impediment of our marriage, including, but not limited to, a prior marriage of either party that has not been legally terminated by death or divorce.
- 5) As evidence of our marriage contract, we cohabit together as, refer to each other as, and are known by our families and the community as husband and wife/husband and husband/wife and wife.
- 6) With the result that we are treated and referred to as husband and wife/husband and husband/wife and wife by our families, our co-workers, and in the community in which we reside.
- 7) The date of our Common Law Marriage is: _____.

Signature of Insured _____

STATE OF OKLAHOMA)

)

COUNTY OF _____)

Sworn to before me, a notary public, by said _____, personally known to me on
this _____ day of _____, 20__.

Notary Public _____

My commission expires: _____

**Signature of Common
Law Spouse** _____

STATE OF OKLAHOMA)

)

COUNTY OF _____)

Sworn to before me, a notary public, by said _____, personally known to me on
this _____ day of _____, 20__.

Notary Public _____

My commission expires: _____