



# STATEMENT OF ADDITIONAL DEPENDENTS

*City of Boston – Office of the City Clerk*

**FILING FEE: \$62.00**

*Please choose the appropriate term:*

Our domestic partnership

Our extended family

now includes the following additional dependents:

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**I declare to the best of my knowledge that the foregoing statements are true and accurate under the pains and penalties of perjury.**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_