



# Prison Officers' Medical Aid Society

397e North Circular Road, Dublin 7. Phone: (01) 830 8963 Fax: (01) 830 9420

## DECLARATION

I, \_\_\_\_\_

of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*do solemnly and sincerely declare that I am in a permanent, stable and monogamous relationship with*

\_\_\_\_\_

of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*and hereby apply to register the above-named partner as a dependant under Rule 8 of the Prison Officers' Medical Aid Society Rules.*

Signed \_\_\_\_\_

*Declared before me by the said \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_ who is personally known to me (or who is identified to me by \_\_\_\_\_) who is personally known to me.*

OFFICIAL STAMP

\_\_\_\_\_  
*Solicitor / Commissioner for Oaths*