



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