

**Instructions:** This is a template agreement you can type into or print off and write on. Scroll down to find the template on the next page.

**If you wish to type into and change this template, you must download it.**

To download this template:

1. Click on **File** in the dropdown menu in the top left corner.
2. Click on **Download** and select a file format.

**If you wish to print off and write on this agreement, simply print it.**

1. Click on **File** in the dropdown menu in the top left corner.
2. Click on **Print** and choose the settings you wish to apply.

Learn more about adult interdependent relationships on the **What is your marital status** page.

## Adult Interdependent Partner Agreement

BETWEEN:

\_\_\_\_\_  
*Adult Interdependent Partner name*

\_\_\_\_\_  
*Adult Interdependent Partner address*

**and**

\_\_\_\_\_  
*Adult Interdependent Partner name*

\_\_\_\_\_  
*Adult Interdependent Partner address*

**We understand that by entering into this Agreement we will become each other's adult interdependent partner and will have all the benefits and obligations of adult interdependent partners under Alberta law.**

1. We agree that
  - a. each of us is 16 years of age or older,
  - b. neither of us is a party to an ongoing marriage or adult interdependent partner agreement, and
  - c. we are living or intend to live together in a relationship of interdependence.
2. We understand that this Agreement will expire if we become former adult interdependent partners pursuant to the [Adult Interdependent Relationships Act](#).

In witness whereof we have executed this Agreement in the city/town/county of \_\_\_\_\_ of Alberta, Canada this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

[THIS SPACE INTENTIONALLY LEFT BLANK]

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*Witness signature*

---

*Witness name*

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*Witness address*

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*Witness signature*

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*Witness name*

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*Witness address*

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*Witness signature*

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*Witness name*

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*Witness address*

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*Witness signature*

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*Witness name*

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*Adult Interdependent Partner signature*

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*Adult Interdependent Partner signature*

*Witness address*

**Guardians' signatures (if applicable):**

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

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

\_\_\_\_\_  
*Guardian signature*

\_\_\_\_\_  
*Guardian signature*

\_\_\_\_\_  
*Guardian name*

\_\_\_\_\_  
*Guardian name*

**NOTES:**

1. Each adult interdependent partner's signature must be witnessed by 2 witnesses.
2. If either adult interdependent partner is under the age of 18 years, the guardians of that person must sign above indicating their consent to the person entering into the Adult Interdependent Partner Agreement.
3. A person who is under the age of 18 years may not enter into an Adult Interdependent Partner Agreement if the person is related to the other party by blood or adoption.
4. An Adult Interdependent Partner Agreement may be part of or attached to another agreement between the parties.
5. If an Adult Interdependent Partner Agreement is part of or attached to another agreement between the parties that contains one or more provisions relating to the property of one or both of the parties, the parties are advised to seek legal advice as to their rights and obligations in respect of that property.