

## Office of the Sheriff

COUNTY OF SARATOGA  
6012 COUNTY FARM ROAD  
BALLSTON SPA, NY 12020

### AFFIDAVIT OF CO-OWNERSHIP OF WEAPONS

**Important note:** The issuing Officer only permits co-ownership between *spouses/domestic partners* who reside at the same address. Domestic partners must complete the Affidavit of Domestic Partnership (attached).

This is to certify that I, \_\_\_\_\_, residing at \_\_\_\_\_, holder of the Pistol Permit License # \_\_\_\_\_ issued on \_\_\_\_\_, do hereby authorize my *spouse/domestic partner* \_\_\_\_\_ residing with me at the above address, holder of Pistol Permit License# \_\_\_\_\_ issued on \_\_\_\_\_, to co-own the below listed weapon(s):

MAKE	MODEL	CALIBER	SERIAL#	R/A

#### I FURTHER CERTIFY AND UNDERSTAND THAT:

If my *spouse/domestic partner* has *his/her* Pistol Permit suspended or revoked, then any weapon(s) co-owned are subject to seizure and my permit is also subject to suspension or revocation.

If my *spouse/domestic partner* and I *divorce/separate*, the *spouse/domestic partner* who does not retain possession of any co-owned weapon(s) will immediately amend *his/her* Pistol Permit to reflect the disposal of said weapon(s) to *spouse/domestic partner* who does retain such possession.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Notary \_\_\_\_\_