



Statement of Domestic Partner Termination

_____, says that
Print employee or domestic partner name

_____ and I are no longer domestic partners.
Print employee or domestic partner name

I make and file this Statement of Domestic Partnership Termination in order to cancel the Domestic Partner Affidavit made by me with _____ on _____.
Print employer name Effective date of termination

I mailed my former domestic partner a copy of this notice to:

Former domestic partner's address (street, city, state, and zip code)

on _____.
Date mailed

I declare under governing state laws that the above statements are true and correct.

Signature: _____

Print Name: _____

Address: _____
Number and Street

City, State and Zip

Keep a copy of this form for your records.