

# AFFIDAVIT OF TERMINATION OF DOMESTIC PARTNERSHIP

I \_\_\_\_\_ declare that I no longer have a domestic  
(Employee's Name)  
partnership with \_\_\_\_\_  
(Partner's Name)

I file this Termination of Domestic Partnership to cancel the Affidavit of Domestic Partnership earlier filed by me on \_\_\_\_\_. I understand that I may not file another  
(date)  
Affidavit of Domestic Partnership until twelve (12) months have passed from this date.

I mailed my former partner a copy of this notice at \_\_\_\_\_  
\_\_\_\_\_  
(Address)  
on \_\_\_\_\_ (date).

I declare under penalty of perjury that the above statements are true and correct.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Social Security Number

Employee's Address: \_\_\_\_\_  
(if changed) \_\_\_\_\_  
\_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Human Resources Director, or designee)