



Statement of Termination of Domestic Partnership

I, _____, EIN _____, affirm, under penalty of perjury, that
Employee Name (Print)
the Affidavit of Domestic Partnership attested to and signed by me on _____,
Date of Affidavit
shall be and is terminated as of this date: _____.

Termination of the Affidavit of Domestic Partnership is due to:

- Termination of Domestic Partnership

- Death of Domestic Partner

I understand that another Affidavit of Domestic Partnership cannot be filed until ninety (90) days after this Statement of Termination of Domestic Partnership has been filed with my departmental benefits/personnel representative, unless termination of the Affidavit is due to death of my domestic partner.

I shall mail a copy of this signed statement to my surviving former domestic partner.

Employee Signature: _____ Date: _____

Signature