

# Declaration Of Termination Of Domestic Partnership



Name of Employer \_\_\_\_\_

I, \_\_\_\_\_, declare that the Declaration of  
(Name of Employee/Employee ID Number)

Domestic Partnership attested to and signed by me on \_\_\_\_\_

is terminated as specified below: (Date of Declaration)

Name of Domestic Partner: \_\_\_\_\_

Termination of the declaration of Domestic Partnership is due to:

Change of circumstances attested to in Declaration of Domestic Partnership

Termination of domestic partnership \_\_\_\_\_  
(Date)

Death of domestic partner \_\_\_\_\_  
(Date)

Marriage to domestic partner \_\_\_\_\_  
(Date)

I will mail a copy of this signed statement to my surviving former Domestic Partner within 14 days of signing this notice.

I declare under penalty of perjury that the above information is true and correct.

Signature \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_