

**UNION**  
COLLEGE

*Statement of Termination of  
Domestic Partnership*

I, \_\_\_\_\_, being duly sworn, depose and declare as follows:  
(Print Employee Name)

1. \_\_\_\_\_ and I are no longer domestic partners as of \_\_\_\_\_.  
(Domestic Partner's Name)

2. I make and file this Statement of Termination in order to cancel and revoke my Affidavit of Domestic Partnership and Financial Interdependence.

3. Please mail a copy of this notice, to my former domestic partner, to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name (Employee)

\_\_\_\_\_  
Signature

Sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public