



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