

Affidavit of Domestic Partnership (DP) Termination

I DECLARE UNDER PENALTY OR PERJURY THAT THE STATEMENTS BELOW ARE TRUE AND CORRECT.

That the partnership between:

_____ and _____
Print or Type Name Print or Type Name

terminated on: _____, 20____.

EMPLOYEE - Signed on _____, 20____, in _____

Employee Signature Print or Type Name

DP - Signed on _____, 20____, in _____

Domestic Partner Signature Print or Type Name

DOMESTIC PARTNER BENEFITS WILL TERMINATE THE 1ST OF THE MONTH FOLLOWING EVENT DATE.

Last known address for Domestic Partner:
