

# 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 1<sup>ST</sup> OF THE MONTH FOLLOWING EVENT DATE.

Last known address for Domestic Partner:

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