



Dissolution of Domestic Partnership

I, _____, affirm, under

Name of Employee (Please Print)

penalty of perjury, that the Affidavit of Domestic Partnership attested to and signed by me on _____(Date) shall be and is terminated as of this date: _____.

Date of Affidavit

Termination of the Affidavit of Domestic Partnership is due to:

Termination of Domestic Partnership

Death of Domestic Partner

I understand that another Affidavit of Domestic Partnership cannot be filed until twelve (12) months after this Domestic Partnership Change Form has been filed with my departmental representative.

I shall mail a copy of this signed statement to my surviving former domestic partner.

EMPLOYEE SIGNATURE: _____

DATE: _____

BENEFITS/PERSONNEL REPRESENTATIVE: _____

PHONE: _____