



## Statement of Termination of Domestic Partnership

I, and \_\_\_\_\_ have terminated our  
domestic partner relationship effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ,

Signature: \_\_\_\_\_  
(Employee)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Domestic Partner)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Witness)

Date: \_\_\_\_\_