

Domestic Partner Change Form

I, _____, affirm, under penalty of perjury,
Name of Employee (Print)

that the Affidavit of Domestic Partnership attested to and signed by me on

_____ 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:** _____