



Statement of Termination of Domestic Partnership

I, _____, affirm that effective _____, _____
Employee's name (please print) Date Former Domestic Partner's name (please print)
and I are no longer Domestic Partners. I make and file this Statement of Termination of Domestic Partnership in order to
cancel the Affidavit of Domestic Partnership filed by me with LIMRiCC on _____. I certify that I
Date
mailed my former Domestic Partner a copy of this notice at _____
Former Domestic Partner's Address
on _____.
Date

Name of Employee (print)

Employee Signature

Employee Address

Date

Library Representative Signature

Date

Please provide the original to your library representative. Retain a copy for your records.