



DOMESTIC PARTNER CHANGE FORM

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

Affidavit of Domestic Partnership attested to and signed by me on _____
Date of Affidavit

shall be and is terminated as of this date: _____ .

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:** _____