



## **TERMINATION OF DOMESTIC PARTNERSHIP FORM**

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Employee Name: \_\_\_\_\_ EMPL ID: \_\_\_\_\_

Former Domestic Partner's Name: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, affirm, under penalty of perjury, that the  
Employee's Name

**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 I cannot file another **Affidavit of Domestic Partnership** until twelve (12) months after this **Termination of Domestic Partnership Form** has been filed with the University of Arizona Division of Human Resources.

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

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_