



CITY OF TUCSON

CITY OF TUCSON CONFIDENTIAL EMPLOYEE BENEFITS TERMINATION OF DOMESTIC PARTNERSHIP

I, _____, affirm, under penalty of perjury, that my domestic partnership with _____ terminated as of _____ .
(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 ninety (90) days after this Statement of Termination of Domestic Partnership has been filed with the Employee Benefits Office of Human Resources, unless termination of the Affidavit is due to death of my domestic partner.

I affirm that a copy of this termination statement has been mailed to my former domestic partner.

EMPLOYEE

(Print name)

Witness

Signature

Date