

TERMINATION OF DOMESTIC PARTNERSHIP

1. Declaration

I declare that we, _____ (Employee's Name) and _____
_____ (Former Partner's Name) are no longer domestic partners.

I submit this Statement of Termination in order to cancel the Affidavit of Domestic Partnership
filed by me with New Mexico State University on _____ (Date).

I mailed my former domestic partner a copy of this notice at _____
_____ on _____ (Date).

I declare under penalty of perjury, that the above statements are true and correct.

EMPLOYEE SIGNATURE

Date

EMPLOYEE'S PRINTED NAME

Employee's Mailing Address (if changed): _____

Former Partner's Mailing Address _____

Return completed form to the New Mexico State University Personnel Office within forty-five
(45) calendar days from the date the domestic partnership terminated.