

**TERMINATION OF DOMESTIC PARTNERSHIP**

**I. DECLARATION**

I declare that we, \_\_\_\_\_ (Employee’s Name) and \_\_\_\_\_ (Former Partner’s Name) are no longer domestic partners.

A domestic partnership ends when:

- The partners are no longer each other’s sole Domestic Partner; or
- The partners no longer share the same common residences; or
- The partners no longer assume mutual obligations for the welfare and support of each other; or
- One of the partners dies.

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 \_\_\_\_\_ (Address) on \_\_\_\_\_ (Date). I affirm, under penalty of perjury, that the assertions in this Statement are true and correct. I understand that any misrepresentation of fact may result in loss of benefits, disciplinary action, and that the employee is responsible for reimbursement to the University for any cost involved in providing benefit coverage. I understand that another affidavit of domestic partnership cannot be filed until 12 months have elapsed from the date the above partnership ended.

**II. SIGNATURE (TO BE SIGNED IN PRESENCE OF NOTARY)**

Employee’s Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF: NEW MEXICO COUNTY OF: \_\_\_\_\_

This Termination of Domestic Partnership was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ as his/her own free act and deed, who personally appeared before me;

- \_\_\_\_\_ who is personally known to me;
- \_\_\_\_\_ whose identity I proved on the basis of \_\_\_\_\_;
- \_\_\_\_\_ whose identity I proved on the oath/affirmation of \_\_\_\_\_, a credible witness; to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

*(Seal)*

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

Return completed form to Human Resource Services at Hadley Hall, room 17 within thirty-one (31) calendar days from the date the domestic partnership terminated.

\_\_\_\_\_  
HUMAN RESOURCES REPRESENTATIVE

\_\_\_\_\_  
DATE