



### AFFIDAVIT TERMINATING A SAME SEX PARTNERSHIP

**DECLARATION:**

I \_\_\_\_\_ declare that effective \_\_\_\_\_  
(Name of Employee)

\_\_\_\_\_ and I are no longer same sex partners.  
(Name of Same Sex Partner)

By filing this Affidavit I agree that this termination of partnership has taken place within the last 30 days. This Affidavit affirms that the partnership status is terminated as of the date of its execution and that a copy of the Statement has been mailed, postage prepaid, or hand-delivered to the other partner by the party authorizing such action.

Date copy of form mailed to same sex partner: \_\_\_\_\_.

**EMPLOYEE:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_

\_\_\_\_\_

Subscribed and sworn to by \_\_\_\_\_ before me this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

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