



# Same-Sex Domestic Partner Change Form

I, \_\_\_\_\_, affirm, under penalty of  
Name of Employee (Print)

perjury, that the Affidavit of Same-Sex Domestic Partnership attested to and

signed by me on \_\_\_\_\_ shall be and is terminated as of  
Date of Affidavit

this date: \_\_\_\_\_.

Termination of the Affidavit of Same-Sex Domestic Partnership is due to:

\_\_\_ Termination of Same-Sex Domestic Partnership

\_\_\_ Death of Same-Sex Domestic Partner

I understand that another Affidavit of Same-Sex Domestic Partnership cannot be filed until twelve (12) months after this Same-Sex Domestic Partnership Change Form has been filed with my departmental representative.

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

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**BENEFITS/PERSONNEL REPRESENTATIVE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_