

DOMESTIC PARTNER

Statement of Termination of Spousal Equivalency

_____, say that:
employee name

1. _____, and I are no longer spousal
name of Domestic Partner
equivalents as of _____.
date
2. I make and file this Domestic Partner Statement of Termination in order to cancel the affidavit of
Domestic Partnership filed by me with the City of Portland on _____.
date
3. I mailed my former Domestic Partner a copy of this notice.

I declare that the above statements are true and correct.

Signed: _____

Print: _____

Address: _____

Date: _____