



HUMAN RESOURCES

Illinois State University

ILLINOIS STATE UNIVERSITY

TERMINATION OF DOMESTIC PARTNERSHIP

I, _____(Name) do hereby declare that as of _____(Date), I no longer have a domestic partnership with _____(Name of Former Domestic Partner) and therefore need to cancel the Statement of Domestic Partnership earlier filed by me on _____(Date).

I further declare that a copy of this document has been provided to the individual identified above as my Former Domestic Partner.

_____(Signature)

_____(Date)

Subscribed and Sworn to before me this ___day of _____, 20__.

Notary Public

Received by:

Human Resources Benefit Counselor or HR Designee

Date: