



**NOTICE OF TERMINATION
OF DOMESTIC PARTNERSHIP**
EXECUTIVE ORDER 2003-010

Return this form to the County Employee's Human Resources Office within 31 calendar days from the date the domestic partnership terminated.

1. I, the undersigned, do declare that my former partner, _____,
(Print Former Domestic's Partner's Name)
and I are no longer Domestic Partners.

2. *(Fill out this part only if the termination is caused by death or marriage of the domestic partner; otherwise leave this blank and skip to the signature section below.)*

If the termination is caused by the death or marriage of the domestic partner, please indicate the date of the death or the marriage; _____. This date
(Month/Day/Year)
is the actual termination date of the Domestic Partnership.

I declare, under penalty of perjury, that the above statements are true and correct.

(To be signed in the presence of a Notary Public.)

Signature

(Print Name)

Mailing Address

City

State

Zip Code

.....
State of New Mexico)

) sś

County of _____)

(County Name)

SUBSCRIBED AND SWORN to this _____ day of _____, 20 _____, by

Print Employee's Name

Notary Public

My Commission Expires:
