

## TERMINATION OF DOMESTIC PARTNERSHIP

### Declaration

I declare that we, \_\_\_\_\_ (Print Employee's Name) and  
\_\_\_\_\_ (Print Domestic Partner's Name) are no longer  
domestic partners as of \_\_\_\_\_ (Date).

I submit this Statement of Termination in order to cancel the Affidavit of Domestic  
Partnership filed by me with The University of New Mexico on \_\_\_\_\_.

I mailed my former domestic partner a copy of this notice at

\_\_\_\_\_

on \_\_\_\_\_ (Date).

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

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Employee's Name \_\_\_\_\_

Employee Banner ID \_\_\_\_\_

Employee's Address (if changed): \_\_\_\_\_

\_\_\_\_\_

Submit this form via (Choose One):

- [Secure Document Upload](https://hr.unm.edu/upload) at <https://hr.unm.edu/upload>
- Or, Fax to 505-277-2278

**Completed form must be received by UNM's Benefits & Employee Wellness Office within sixty (60) calendar days from the date the domestic partnership terminated.**