



*Division of Human Resources  
Benefits & Employee Services*

## TERMINATION OF DOMESTIC PARTNERSHIP

### I. Declaration

I declare that we, \_\_\_\_\_ (Print Employee's Name) and  
\_\_\_\_\_ 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 \_\_\_\_\_.

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): \_\_\_\_\_

\_\_\_\_\_

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