

**PIMA COUNTY  
STATEMENT OF TERMINATION OF  
DOMESTIC PARTNERSHIP**

I, \_\_\_\_\_, affirm, under penalty of perjury, that the  
Name of Employee (Print)

Affidavit of Domestic Partnership attested to and signed by me on \_\_\_\_\_.  
Date of Affidavit

shall be and is terminated as of this date: \_\_\_\_\_.

Termination of the Affidavit of Domestic Partnership is due to:

- Termination of Domestic Partnership
- Death of Domestic Partner

I understand that another Affidavit of Domestic Partnership cannot be filed until ninety (90) days after this Statement of Termination of Domestic Partnership has been filed with my departmental insurance/personnel representative, unless termination of the Affidavit is due to death of my domestic partner.

I shall mail a copy of this signed statement to my surviving former domestic partner.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**BENEFITS / PERSONNEL REPRESENTATIVE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_