



City of Tucson

Domestic Partnership Termination Statement

I (or we), the undersigned declare that:

the domestic partnership between _____, _____
Name Date of Birth

and _____, _____
Name Date of Birth

is terminated effective _____.
Date

If signed by only one partner: I _____ further declare that I have notified my
Name
domestic partner _____ of the filing of this termination statement, in writing to
Name
the last known address of my domestic partner.

Print Name

Signature

City of Tucson
Filing Date _____
Reg. Number _____