

ILLINOIS STATE UNIVERSITY
TERMINATION OF DOMESTIC PARTNERSHIP

I, _____ (*Name*) do hereby declare that I no longer have a domestic partnership with _____ (*Name of Former Domestic Partner*).

I file this Termination of Domestic Partnership in order to cancel the Statement of Domestic Partnership earlier filed by me on _____ (*Date*).

I further declare that a copy of this document has been provided to the individual identified above.

_____ (*Signature*)

_____ (*Date*)

Subscribed and Sworn to before me this ____ day of _____, 20__.

Notary Public

Received by: _____ Date: _____
Associate Vice President for HR or Designee