

# Declaration of Termination for Same-Sex Domestic Partnership

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I, \_\_\_\_\_, certify and declare that \_\_\_\_\_  
(*Former Same – Sex Domestic Partner-print full name*) and I are no longer domestic partners as of  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (*date*). I understand that applicable domestic partner benefits will terminate on this  
date.

I make and file this Declaration of Termination in order to cancel the Certification of Same-Sex Domestic  
Partnership filed by me with \_\_\_\_\_ (*Installation Name*) on  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

In the event that termination of this relationship is not due to the death of my domestic partner, I will mail  
my former domestic partner a copy of this notice.

(*Former Domestic Partner's new address*)

\_\_\_\_\_  
Street Name

\_\_\_\_\_  
City, State & Zip Code

I affirm that the above statements are true and correct.

\_\_\_\_\_  
Employee (or retiree) signature

Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
MM/DD/YYYY

\_\_\_\_\_  
PRIVACY ACT STATEMENT: Authority for collection of this information is 5 U.S.C. Section 6311 and E.O. 9397.  
The purpose for which the information will be used is to administer and process claims for benefits and allowances  
based on family members. The information provided may be disclosed as generally permitted under 5 U.S.C. Section  
552a(b) of the Privacy Act, as amended. Providing this information is voluntary, however, failure to supply the  
required documentation may result in the denial of part or all of your claim.