



Employee Name							
Employee ID							

## STATEMENT OF TERMINATION OF SAME-SEX DOMESTIC PARTNERSHIP

I, \_\_\_\_\_ being duly sworn, deposes and says that:  
 \_\_\_\_\_  
 Faculty/Staff Member's Name (Print)

1. \_\_\_\_\_ and I are no longer Same-Sex Domestic Partners.  
 \_\_\_\_\_  
 Same-Sex Domestic Partner's Name (Print)

2. I make and file this Statement of Termination in order to cancel the Affidavit of Same-Sex Domestic Partnership by me with Tufts University on

\_\_\_\_\_  
 Effective Date of Termination

The above date is within 30 days of the termination of our Same-Sex Domestic Partnership.

3. I mailed my former Same-Sex Domestic Partner a copy of this notice at

\_\_\_\_\_ on \_\_\_\_\_  
 Former Same-Sex Domestic Partner's Address Date

I declare, under penalty of perjury, under governing state laws that the above statements are true and correct.

\_\_\_\_\_  
 Signature of Faculty/Staff Member

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name of Faculty/Staff Member

\_\_\_\_\_  
 Department