Tufts UNIVERSITY

Employee Name:							
Employee ID:							

Statement of Termination of Qualified Domestic Partnership

I, _____ being duly sworn, deposes and says that:
Name of Faculty/Staff Member (Print)

1. _____ and I are no longer Qualified Domestic Partners.
   Name of Qualified Domestic Partner (Print)

2. I make and file this Statement of Termination in order to cancel the Affidavit of Qualified Domestic Partnership by me with Tufts University on _____.
   Effective Date of Termination

   The above date is within 30 days of the termination of our Qualified Domestic Partnership.

3. I mailed my former Qualified Domestic Partner a copy of this notice at

   _____ on _____.
   Address of Former Qualified Domestic Partner 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

_____
Name of Faculty/Staff Member (Print)

_____
Department

Please submit completed form to Tufts Support Services via fax (617) 627-7001 or email tss@tufts.edu