



Employee Name:							
Employee ID:							

## Statement of Termination of Domestic Partnership

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

1. \_\_\_\_\_ and I are no longer Domestic Partners.  
Name of Domestic Partner (Print)

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

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

3. I mailed my former Domestic Partner a copy of this notice at \_\_\_\_\_ on \_\_\_\_\_.  
Address of Former 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