



Domestic Partnership Affidavit of Service

This original document must be returned with the Termination of Domestic Partnership form.

Domestic Partner Requesting Termination

and

Domestic Partner

I, _____, being sworn, state that I am at least
(Name of Person Requesting Termination)
18 years of age having been born on _____, and that on
(Date of Birth)
_____, _____, I served a copy of the Termination of a Domestic Partnership
(Today's Date)
upon _____ by placing in an envelope a true and correct copy of the document
(Domestic Partner)
addressed to _____ at _____ in the city of _____
_____, state of _____, zip code _____ and depositing the envelope, with sufficient
postage, in the United States Mail.

OR, served a copy of the Termination of a Domestic Partnership upon _____ at
the address of _____.

This must be signed in front of a Notary Public.

Dated: _____ **Signature** _____

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Subscribed and sworn to before me, a Notary Public on this _____ day of _____, _____

Notary Public

My Commission expires on _____

(Seal)