

For Office Use Only

File Date: \_\_\_\_\_

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## AFFIDAVIT OF TERMINATION OF REGISTERED DOMESTIC PARTNERSHIP

Champaign County Administrative Services

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I/We filed a Registration of Domestic Partnership Affidavit on \_\_\_\_\_; I/We hereby state that the domestic partnership has been terminated.

I/WE CERTIFY THAT THE INFORMATION BELOW IS TRUE AND CORRECT.

**Applicant's signature** \_\_\_\_\_  
(print) (written)

Address: (street) \_\_\_\_\_ (city/state) \_\_\_\_\_ (zip code) \_\_\_\_\_

**Applicant's signature** \_\_\_\_\_  
(print) (written)

Address: (street) \_\_\_\_\_ (city/state) \_\_\_\_\_ (zip code) \_\_\_\_\_

*\*At least one signature is required. If this affidavit is executed by only one partner, a copy must be sent to the other partner by registered mail, return receipt requested, at the partner's last known mailing address. Proof of mailing must be presented before this form can be filed with the Insurance Specialist – Administrative Services Department.*

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SUBSCRIBED and SWORN to before me by

\_\_\_\_\_ and \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)