

NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP

D.C. Law 9-114, § 3. (d) D.C. Official Code § 32-702 (d)

**Center for Policy Planning and Evaluation
Vital Records Division**

CERTIFICATE NUMBER: _____

FILE DATE: _____

I, _____ the undersigned, do hereby declare that:

I wish to terminate my registration of domestic partnership with

_____ as of _____

If termination was caused by death or marriage of the Domestic Partner, please indicate the date of the death or marriage

_____ (date of termination).

Full Name:

Signature:

Sworn to subscribed by the information in the presence on the _____ day of _____ in the
year _____.

Notary Public