



Government of the District of Columbia
Department of Health

NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP
D.C. Law 9-114, § 3. (d)) D.C. Official Code § 32-702 (d)

File Number: _____

File Date: _____

I, the undersigned, do hereby declare that:

I _____ wish to terminate my registration of domestic
(Last) (First) (Middle)

partnership with _____ as of _____.
(Last) (First) (Middle) (Month/Day/Year)

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

the death or the marriage _____ (date of termination).
(Month/Day/Year)

Signature (Last) (First) (Middle)

Notary Public

Sworn to and subscribed in my presence on this _____ day of _____,
(Month) (Year)