

FRANKLIN PIERCE UNIVERSITY
STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP

_____, being duly sworn, deposes and says that:
employee or domestic partner (print)

1. _____ and I are no longer domestic partners.
(name of employee or domestic partner)
2. I make and file this Statement of Termination in order to cancel the Affidavit of Domestic Partnership by me with **Franklin Pierce 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

(former domestic partner's address)

on _____.
(date mailed)

I declare, under penalty of perjury, under governing state laws that the above statements are true and correct.

Signed: _____

Print: _____

Address: _____

