

# AFFIDAVIT OF TERMINATION OF REGISTERED DOMESTIC PARTNERSHIP

I / We filed a Registration of Domestic Partnership Affidavit on \_\_\_\_\_,  
File # \_\_\_\_\_. 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 \_\_\_\_\_ Applicant's printed name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Date of birth \_\_\_\_\_

Employer name (if applicable) \_\_\_\_\_ Address \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Applicant's printed name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Date of birth \_\_\_\_\_

Employer name (if applicable) \_\_\_\_\_ Address \_\_\_\_\_

\* 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 that partner's last known mailing address. Proof of mailing must be presented before this form will be filed by the Cook County Clerk's office.

SUBSCRIBED and SWORN to before me by

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

on \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

For office use only— Identification presented

Type \_\_\_\_\_

ID# \_\_\_\_\_

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