

**NOTICE OF TERMINATION OF
DOMESTIC PARTNERSHIP**

This form is to be completed and returned to the Human Resources Department (Benefits Manager) within thirty (30) calendar days from the date a domestic partnership is terminated.

DECLARATION

I, _____, declare that _____,
(Employee's Name) (Domestic Partner's Name)
and I are no longer domestic partners.

This Termination of Domestic Partnership form is submitted in order to terminate the Affidavit of Same-Sex Domestic Partnership that I filed with Wake Forest University on

(Date)

I mailed my former domestic partner a copy of this notice on _____ at the
following address: (Date)

I declare the above statements are true and correct.

Employee Signature

Employee's Name (Print or Type)

Date