



Statement of Termination of Domestic Partnership

I, _____, affirm, under penalty of perjury, that the Affidavit of
Name of Ohio University Employee (print)
Domestic Partnership attested to and signed by me on _____ is terminated as specified below:

Name of domestic partner: _____

Termination of the Affidavit of Domestic Partnership is due to:

Termination of domestic partnership _____
Date

Death of domestic partner _____
Date

I understand that another Affidavit of Domestic Partnership cannot be filed until six (6) months after this Statement of Termination of Domestic Partnership has been filed with my departmental payroll/human resource office.

I shall mail a copy of this signed statement to my surviving former Domestic Partner.

Signature

Date
