

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# _____

Type _____

ID# _____

Type _____

ID# _____

Type _____

ID# _____