



STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP

I, _____, declare that:
employee name (print)

1. _____ and I are no longer domestic partners.
name of domestic partner (print)

2. I make and file this Statement of Termination of Domestic Partnership in order to cancel the Statement of Domestic Partnership filed by me with the University of Chicago on _____.

3. I mailed my former domestic partner a copy of this notice at
_____ on _____.
domestic partner address (print) date mailed (print)

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

Signed: _____

Print: _____

Address: _____

Telephone#: _____

Date: _____