

For Office Use Only

File # _____

Date: _____

Termination Fee (\$10.00 – cash) _____

AFFIDAVIT OF TERMINATION OF REGISTERED DOMESTIC PARTNERSHIP

[City of Urbana, Illinois]

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 _____
(printed) (written)

Address: (street) _____ (city/state) _____ (zip) _____

Applicant's signature _____
(printed) (written)

Address: (street) _____ (city/state) _____ (zip) _____

**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 the partner's last known mailing address. Proof of mailing must be presented before this form can be filed with the Urbana City Clerk's Office.*

SUBSCRIBED and SWORN to before me by

_____ and _____

on this _____ day of _____, _____.

(Notary Public)