

**CITY OF SAN DIEGO
STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP**

I, (employee) _____, affirm, under penalty of perjury, that the Affidavit of Domestic Partnership attested to and signed by me and (domestic partner) _____ on the _____ day of _____, 20__ shall be and is terminated as of this date.

Termination of the Affidavit of Domestic Partnership is due to:

- Termination of Domestic Partnership
- Death of Domestic Partner

I understand that another Affidavit of Domestic Partnership cannot be filed until one hundred eighty (180) days after this Statement of Termination of Domestic Partnership has been filed with the Risk Management Department, Employee Benefits Division, unless termination of the Affidavit is due to death of my domestic partner.

I acknowledge that it is my responsibility to mail a copy of this signed statement to my surviving domestic partner, named above.

Signature of Employee

Date