

Termination of Domestic Partnership

PLEASE PRINT CLEARLY

Domestic Partnership Certificate No. _____
 Date of Domestic Partnership: _____

Partner A

<i>Print Name</i>	<i>Signature</i>		
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Partner B

<i>Print Name</i>	<i>Signature</i>		
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

NOW THEREFORE, I/We declare, state and acknowledge that the Domestic Partnership between the above named individuals has been terminated.

The Domestic Partnership has terminated because of one of the following reasons:

- My Domestic Partner is deceased
- My Domestic Partner has or I have married or formed a civil union
- My Domestic Partner and I have become related by blood or adoption
- My Domestic Partner and I no longer share a common household
- My Domestic Partner and I no longer are in a close, committed relationship
- ~~Enclosed is my check payable to the "City of Boulder" for the \$25.00 Certificate of Termination of Domestic Partnership fee as stated in B.P.C. 4-20-59~~ ***Fee waived due to COVID-19***
- If only I have signed above, and my partner is not deceased, I hereby affirm that I have attempted to notify my Domestic Partner of the termination by certified mail (please attached certified mail receipt)

For Office Use Only

In witness whereof, I have hereunto set my hand and the seal of the City of Boulder,
 this _____ day of _____, 2021.

(SEAL)

 Elesha Johnson
 City Clerk