University of Illinois
Termination of Domestic Partnership

I, __________________________________________, do hereby declare that I no longer have a domestic partnership with ______________________________________.

(Name)

(Name of Former Domestic Partner)

1) I further declare that a copy of this document has been provided to the individual identified above.

-or-

2) My domestic partner died on _________________, ___________.

Signature:_______________________________________ Date:___________________

University ID:______________________________

Subscribed and Sworn to before me this ______ day of _________________, _________.

_________________________________
Notary Public

Approved for the University of Illinois by:

Name:__________________________________________            Date:____________________

Benefits Office Representative’s Signature

8/1/03; Rev 7/12/06