

**University of Illinois  
Termination of Domestic Partnership**

I, \_\_\_\_\_, do hereby declare that I no longer have a  
(Name)

domestic partnership with \_\_\_\_\_.  
(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 \_\_\_\_\_, \_\_\_\_\_.  
month and day year

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

University ID: \_\_\_\_\_

Subscribed and Sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

---

*Approved for the University of Illinois by:*

Name: \_\_\_\_\_  
Benefits Office Representative's Signature

Date: \_\_\_\_\_