

**ILLINOIS STATE UNIVERSITY TERMINATION OF DOMESTIC  
PARTNERSHIP**

I, \_\_\_\_\_ (Name) do hereby declare that I no longer have a domestic partnership with \_\_\_\_\_. (Name of Former Domestic Partner)

I file this Termination of Domestic Partnership in order to cancel the Statement of Domestic Partnership earlier filed by me on \_\_\_\_\_(date). I further declare that a copy of this document has been provided to the individual identified above.

\_\_\_\_\_ (Signature)

\_\_\_\_\_  
(Date)

Subscribed and Sworn to before me this \_\_\_ day of \_\_\_\_\_, 19\_\_.

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

Received by \_\_\_\_\_

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

Associate Vice President for HR or Designee