



City of Phoenix

STATEMENT OF QUALIFIED DOMESTIC PARTNERSHIP TERMINATION

I, _____ affirm the termination of my Qualified Domestic Partnership with _____ Effective : _____

I understand that I will not be able to file a new Affidavit of Qualified Domestic Partnership until 12 months after I have filed this *Statement of Qualified Domestic Partnership Termination* with the Human Resources Department, Benefits Office, unless such termination is due to the death of my Qualified Domestic Partner.

I affirm, under penalty of perjury, that the foregoing is true and correct, and that I will immediately provide a copy of this signed *Statement of Qualified Domestic Partnership Termination* to my former Qualified Domestic Partner.

Employee's Signature: _____

Date: _____

Employee ID #: _____

Phone #: _____

Accepted by: #: _____

Date: _____