

**WESTERN ILLINOIS UNIVERSITY TERMINATION OF DOMESTIC PARTNERSHIP**

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Subscribed and Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20

Notary Public

For Human Resources Use Only	
Received by: _____	Date: _____
Human Resources Director or Designee	