LOS RIOS COMMUNITY COLLEGE DISTRICT
STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP

I declare that we, _____ and
Print Employee's Name

_____ are no longer domestic partners.
Print Name of Former Domestic Partner

I submit this Statement of Termination in order to cancel the Affidavit of Domestic Partnership

filed by me with the Los Rios Community College District on _____.
Date

1. I mailed my former domestic partner a copy of this notice at the following address:

   _____

   on _____.
   Date

OR

2. My domestic partner died on _____.
   Date

I certify under penalty of perjury under the laws of the State of California that the above statements are true and correct.

_____	_____	_____
Signature of Employee	Employee ID	Date