

Buncombe County
Termination of Domestic Partnership

I _____, certify that on _____, 20____, the Domestic
(Employee)
Partner relationship between myself and _____ has dissolved.
(Domestic Partner)

Domestic Partner Dissolution

A Domestic Partnership ends when:

- The Partners are no longer each other's sole Domestic Partner, or;
- The Partners no longer share the same common residence(s), or;
- The Partners no longer assume mutual obligations for the welfare and support of each other, or;
- One of the Partners dies.

I acknowledge that we no longer meet the criteria set forth in the Affidavit of Domestic Partnership form, and we will no longer be considered Domestic Partners.

I acknowledge that a subsequent Affidavit of Domestic Partnership cannot be filed until at least twelve (12) months after termination of the domestic partnership established by this Declaration.

I also acknowledge that I will send a copy of this notarized Affidavit of Termination of Domestic Partnership form to my former Domestic Partner on _____, 20____
at the following address:

Street Address

City, State, Zip Code

Other Acknowledgements

I declare, under penalty of perjury, that all of the information I have provided on this form is true and correct.

(Employee Name –printed)

State of _____

(Social Security Number)

County of _____

(Signature)

Sworn to before me this day of
_____, 20____

(Date)

Notary Public

Received by Buncombe County Human Resources:

(Signature) (Title) (Date)