

# Termination of Domestic Partnership

**PLEASE PRINT CLEARLY**

Domestic Partnership Certificate No. \_\_\_\_\_  
Date of Domestic Partnership: \_\_\_\_\_

**Partner A**

\_\_\_\_\_  
Print Name Signature  
\_\_\_\_\_  
Street Address City State Zip Code

**Partner B**

\_\_\_\_\_  
Print Name Signature  
\_\_\_\_\_  
Street Address City State Zip Code

***NOW THEREFORE, I/We declare, state and acknowledge that the Domestic Partnership between the above named individuals has been terminated.***

**The Domestic Partnership has terminated because of one of the following reasons:**

- My Domestic Partner is deceased
- My Domestic Partner has or I have married or formed a civil union
- My Domestic Partner and I have become related by blood or adoption
- My Domestic Partner and I no longer share a common household
- My Domestic Partner and I no longer are in a close, committed relationship
- ~~Enclosed is my check payable to the "City of Boulder" for the \$25.00 Certificate of Termination of Domestic Partnership fee as stated in B.P.C. 4-20-59~~ **Fee waived due to COVID-19**
- If only I have signed above, and my partner is not deceased, I hereby affirm that I have attempted to notify my Domestic Partner of the termination by certified mail (please attached certified mail receipt)

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***For Office Use Only***

In witness whereof, I have hereunto set my hand and the seal of the City of Boulder, this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

(SEAL)

\_\_\_\_\_  
Debbie Stamp  
Acting Deputy City Clerk