



City of Phoenix

City Clerk Department
200 West Washington Street, Suite 1500
Phoenix, Arizona 85003-1611
602-262-6811

Office Use Only	
Registration Number:	_____
Date Filed:	_____
Accepted by:	_____

NOTICE OF TERMINATION STATEMENT

Registration Number

I (or we), the undersigned declare that the domestic partnership between

and

Print Partner 1 Full Name

Print Partner 2 Full Name

is terminated effective _____ due to ended committed relationship.

Date

death of partner

other

Mailing Address (Street, City, State, Zip Code)

Signature of Partner 1

Signature of Partner 2 (if applicable)

State of Arizona, County of Maricopa

All parties subscribed and sworn (or affirmed) before me on

(Notary Seal)

this _____ day of _____ 20 _____

Signature Notary Public