



Rockland County Clerk
Donna G. Silberman

Affidavit of Termination of Registered Domestic Partnership

BE IT KNOWN Domestic Partnership Registration Number _____ between
_____ and _____ as filed in the
Office of the Rockland County Clerk on _____ is hereby terminated as detailed
below in accordance with Chapter 261 of the laws of Rockland County and under penalty of perjury.

IF BOTH PARTNERS INTEND TO TERMINATE THE PARTNERSHIP, COMPLETE THIS SECTION:

We acknowledge the following:

- * The termination is effective thirty (30) calendar days from the date of filing this executed Affidavit of Termination with the Office of the Rockland County Clerk, and
- * We must pay a fee of thirty-five (\$35.00) dollars.

Signature:

Print name:

Address:

Sworn to before me this ____ day of _____, 20 ____.

Notary Public Signature _____

Signature:

Print name:

Address:

Sworn to before me this ____ day of _____, 20 ____.

Notary Public Signature _____

IF ONE PARTNER INTENDS TO TERMINATE THE PARTNERSHIP, COMPLETE THIS SECTION:

I acknowledge the following:

- * I have sent a written notice that I am terminating the partnership to the other partner at the other partner's last known address by means of registered mail, return receipt requested.
- * The termination is effective thirty (30) calendar days from the date of filing of this executed Affidavit of Termination with the Office of the Rockland County Clerk, and I must pay a fee of thirty-five (\$35.00) dollars.

Signature:

Print Name:

Address:

Sworn to before me this _____ day of _____, 20 ____.

Notary Public Signature _____