

MOUNT HOLYOKE COLLEGE

STATEMENT OF TERMINATION OF SAME-SEX DOMESTIC PARTNERSHIP

_____, being duly sworn, deposes and say that:
Employee or same-sex domestic partner (print)

1. _____ and I are no longer same-sex partners as of _____.
Employee or same-sex domestic partner (print)
2. I make and file this "Statement of Termination" in order to cancel the "Affidavit of Same-Sex Domestic Partnership" filed by me with Mount Holyoke College on _____.
3. It is understood that by filing the "Statement of Termination" any benefits that have been extended to a same-sex domestic partner and/or dependents of a same-sex domestic partner will cease.
4. I mailed my former same-sex domestic partner a copy of this notice at:

_____ on _____

I declare, under penalty of perjury, that the above statements are true and correct.

Signed _____

Print Name _____

Address _____

Date _____

Commonwealth of Massachusetts
County of Hampshire

On this _____ day of _____, 20____, before me, _____, the undersigned Notary Public, personally appeared _____, who proved to me through satisfactory evidence of identity, which was _____, to be the person(s) whose name(s) was/were signed on this document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her/their knowledge and belief.

Notary Public
My Commission Expires on _____