

LOS ANGELES COMMUNITY COLLEGE DISTRICT  
DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP

I, \_\_\_\_\_, declare, under penalty of perjury,  
(print) name of employee/soc. security number  
that the Affidavit of Domestic Partnership attested to and signed by me on \_\_\_\_\_  
date of declaration  
is terminated as specified below:

Name of Domestic Partner: \_\_\_\_\_

Termination of the Affidavit of Domestic Partnership is due to:

- ( ) change of circumstances attested to in the Affidavit of Domestic Partnership
- ( ) termination of domestic partnership on \_\_\_\_\_  
date
- ( ) death of domestic partner on \_\_\_\_\_  
date
- ( ) marriage to domestic partner on \_\_\_\_\_  
date

I shall mail a copy of this signed statement to my surviving former Domestic Partner within 14 days of signing this notice.

I understand that I may not file a subsequent Affidavit of Domestic Partnership for a period of at least 12 months; except, however, there is no waiting period required for filing a second Affidavit of Domestic Partnership with respect to a partner as to whom I previously filed both an Affidavit and a Termination of Domestic Partnership.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_

Print: \_\_\_\_\_ Print: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_