



Suffolk County Clerk

DISSOLUTION OF DOMESTIC PARTNERSHIP AFFIDAVIT

I, _____, certify that I previously filed a Statement
(Print)
of Domestic Partnership with the County Clerk of Suffolk, New York. I now inform the Suffolk
County Clerk that _____ is no longer my Domestic Partner.
(Print)

I further certify that a signed copy of this Notice of Dissolution of Domestic Partnership
has been mailed or otherwise delivered to the Domestic Partner identified above.

I understand that I may not file a new Statement of Domestic Partnership Statement for a
minimum of six (6) months following the date this Notice of Dissolution of Domestic
Partnership has been filed by the County Clerk of Suffolk, New York.

ACKNOWLEDGEMENTS:

- A.) If either party or both parties to a registered domestic partnership determines that
the partnership has terminated, one of the partners shall file a termination
statement with the Suffolk County Clerk. The person filing the termination statement
shall declare that the domestic partnership is terminated and, if the termination
statement has not been signed by both domestic partners, that the other domestic
partner has been notified.
- B.) A domestic partnership shall terminate whenever one of the parties to the
partnership marries a third party.
- C.) A domestic partnership shall terminate upon the death of one of the parties.

Applicants' Name: 1) _____ 2) _____
(Print) (Print)

Applicants' Signature: 1) _____ 2) _____
(Signature) (Signature)

Address: _____

STATE OF NEW YORK
COUNTY OF _____ SS:}

Sworn before me this ___ day
of _____, 20__.

NOTARY PUBLIC