

Statement of Marriage / Domestic Partnership Dissolution

INSTRUCTIONS: This form validates the dissolution of your relationship status for benefit and leave eligibility purposes. Please complete the relationship status section that applies to you and return it to your Benefits Representative.

Option 1: Marriage Dissolution		
I, , affirm under penalty of perjury, that the Marriage / Domestic Partner Affidavit Form previously attested to and signed by me is terminated as specified below:		
Name of Spouse:		
Termination of the Marriage / Domestic Partner Affidavit Form is due to:		
Dissolution of Marriage (divorce)	Date Finalized:	
Legal Separation / Annulment	Date Recorded:	
Death of Spouse	Date of Death:	
Employee's Signature	Employee's ID#	Date (mm/dd/yyyy)

Option 2: Domestic Partnership Dissolution

 I,
 , affirm under penalty of perjury, that the Marriage / Domestic Partner

 Affidavit Form previously attested to and signed by me is terminated as specified below:

 Name of Domestic Partner:

 Termination of the Marriage / Domestic Partner Affidavit Form is due to:

 Marriage to Domestic Partner
 Date Finalized:

 Dissolution of Domestic Partner
 Date Recorded:

 Death of Domestic Partner
 Date of Death:

 I will mail a copy of this signed statement to my surviving former domestic partner.
 Date (mm/dd/yyyy)