

**The Commonwealth of Massachusetts  
City of Somerville  
Domestic Partnership Termination Statement**

**TERMINATION STATEMENT**

**1. COMPLETE THIS PART, THEN SIGN AND MAIL IT BY CERTIFIED MAIL OR DELIVER IT BY HAND TO EACH PARTNER:**

I, THE UNDERSIGNED, DECLARE UNDER THE PAINS AND PENALTIES OF PERJURY that I am terminating the Domestic Partnership previously registered with the following partners (all partners but you must be listed):

**PRINT EACH PARTNER'S NAME**

**PRINT CURRENT/LAST KNOWN ADDRESS, CITY, STATE, ZIP**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**CERTIFICATION OF DELIVERY OF TERMINATION STATEMENT**

**2. AFTER DELIVERING THE STATEMENT ABOVE, SIGN BELOW IN FRONT OF A NOTARY PUBLIC LICENSED IN MASS.:**

I, THE UNDERSIGNED, DECLARE UNDER THE PAINS AND PENALTIES OF PERJURY that I have mailed by certified mail, or delivered by hand, this Termination Statement to the other domestic partners at their current or last known address listed above.

SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ S.S. **The Commonwealth of Massachusetts**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public or City Clerk's designee, personally appeared \_\_\_\_\_, proving their identity to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed on this document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of their knowledge and belief, under the pains and penalties of perjury.

\_\_\_\_\_  
Notary Public or City Clerk's designee

My Commission Expires: \_\_\_\_\_  
Notary Public only, add stamp/seal

**3. DELIVER TO THE SOMERVILLE CITY CLERK, 93 HIGHLAND AVENUE, SOMERVILLE, MA, 02143.**