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):

<table>
<thead>
<tr>
<th>PRINT EACH PARTNER’S NAME</th>
<th>PRINT CURRENT/LAST KNOWN ADDRESS, CITY, STATE, ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>__________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>__________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>__________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>__________________________</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

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 ____________________________, proving to me under the pains and penalties of perjury, 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.

__________________________________________________________ My Commission Expires:

Notary Public or City Clerk’s designee

Notary Public only, add stamp/seal

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