

	nployee)nestic Partnership previously attested to, and	, affirm that the Affidavit of signed by me, shall be and is terminated.
Termination i	s due to:	
	Dissolution of Marriage	Date of Dissolution:
	Legal Dissolution of State Domestic Partn (Required for dissolution of State of Oreg	
	Termination of Domestic Partnership	Date of Termination:
	Death of Spouse/Domestic Partner	Date of Death:
City/S	State/Zip	
List any chile	dren that are no longer dependents due to	this termination of marriage or partnership:
domestic par	that I cannot file an Affidavit of Marriage tner until six (6) months following the rec ce unless I obtain County or State Registra	eipt of this Statement by the Employee
Employee	Signature -	 Date