

For Office Use Only

File # \_\_\_\_\_

Date: \_\_\_\_\_

Termination Fee (\$20.00) \_\_\_\_\_

**AFFIDAVIT OF TERMINATION OF REGISTERED DOMESTIC PARTNERSHIP**  
City of Urbana, Illinois

I/We filed a Registration of Domestic Partnership Affidavit on \_\_\_\_\_, File # \_\_\_\_\_.

I/We hereby state that the domestic partnership has been terminated.

*I/WE CERTIFY THAT THE INFORMATION BELOW IS TRUE AND CORRECT.*

**Applicant Name** \_\_\_\_\_  
(printed) (signature)

Address \_\_\_\_\_  
(street) (city, state, zip)

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Applicant Name** \_\_\_\_\_  
(printed) (signature)

Address \_\_\_\_\_  
(street) (city, state, zip)

Phone \_\_\_\_\_ Email \_\_\_\_\_

At least one signature is required. If this affidavit is executed by only one partner, a copy must be sent to the other partner by registered mail, return receipt requested, at the partner's last known mailing address. Proof of mailing must be presented before this form can be filed with the Urbana City Clerk's Office

SUBSCRIBED and SWORN to before me by  
\_\_\_\_\_ and \_\_\_\_\_

SEAL

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)