



City of Tucson

Domestic Partnership/ Civil Union Termination Statement

City of Tucson
Filing Date _____
Reg. Number _____

I (or we), the undersigned declare that:

The domestic partnership or civil union between

_____, _____
Name Date of Birth

and _____, _____
Name Date of Birth

is terminated effective _____.
Date

If signed by only one domestic or civil union partner:

I, _____ further declare that I have notified my domestic or civil union partner
Name

_____ of the filing of this termination statement, in writing to the last known
Name

address of my domestic or civil union partner.

Print Name

Signature

Subscribed and sworn to (or affirmed) before me

on _____, 2_____

by _____

Notary Public for the State of Arizona
My Commission Expires: _____
