



TERMINATION OF DOMESTIC PARTNERSHIP

City of Olympia, Washington

I/ We request that the Domestic Partnership Registration of:

_____ and _____
Registrant #1 Registrant # 2

dated _____ be terminated. **Signature of at least one registrant is required.**

Registrant #1

Print Name		
Signature		
Address (Street)		
City	State	Zip
Phone	Email	

Registrant # 2

Print Name		
Signature		
Address (Street)		
City	State	Zip
Phone	Email	

To be completed by Notary:

Registrant #1

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20_____

(Notary Public Name)

(Notary Public Signature)

MY
COMMISSION
EXPIRES:

Registrant # 2

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20_____

(Notary Public Name)

(Notary Public Signature)

MY
COMMISSION
EXPIRES:

Mail Completed Form to:
City Clerk, DPR Program
PO Box 1967
Olympia, WA 98507