



City of Albany

*(THIS FORM IS FOR NONBARGAINING, AFSCME UNION,
AND FIRE UNION EMPLOYEES ONLY)*

STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP

I, _____, affirm the Affidavit of Domestic Partnership attested to and signed by
(Name of Employee)

me on _____ shall be and is terminated as of _____.
(Date of Affidavit) *(Date)*

Termination is due to:

_____ Termination of domestic partnership because of a change in one or more of the
circumstances attested to in Section One of the Affidavit.

_____ Death of domestic partner.

I understand I cannot file an Affidavit of Domestic Partnership to enroll a new domestic partner until six (6)
months following the receipt of this Statement by the City.

Signature of Employee

Date

Received by:

Employer Representative

Date