

**NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP**  
**D.C. Law 9-114, § 3. (d) D.C. Official Code § 32-702 (d)**  
**Center for Policy Planning and Evaluation**  
**Vital Records Division**

**CERTIFICATE NUMBER:**

**FILE DATE:**

I, \_\_\_\_\_ **THE UNDERSIGNED, DO HEREBY DECLARE THAT:**  
**I WISH TO TERMINATE MY REGISTRATION OF DOMESTIC PARTNERSHIP WITH**

**AS OF**

**IF TERMINATION WAS CAUSED BY DEATH OR MARRIAGE OF THE DOMESTIC PARTNER, PLEASE INDICATE THE DATE OF THE DEATH OR MARRIAGE**

**(DATE OF TERMINATION).**

**CERTIFICATE FEE:**        **x QUANTITY REQUESTED**        **=**        **+ TERMINATION FEE:**

**TOTAL PAYMENT SUBMITTED =**        **\*\*\* QUANTITY MUST BE POPULATED TO CALCULATE TOTAL FEE**

**UPON APPROVAL THE PREFERRED PAYMENT METHOD IS:**    **CREDIT/DEBIT CARD**        **CHECK/MONEY ORDER**  
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**Applicant's Name:**

**Current Address:**

**Email Address:**

**Phone Number:**

**Signature:**

**Accepted for filing by:**

**Date Accepted:**

**Do not Sign this form until you get in front of a Notary Public. This form will only be accepted if your signature can be authenticated by the Notary Public**

Signature: \_\_\_\_\_

Relationship: SELF

Sworn to subscribed by the information in the presence on the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public