



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
WITHDRAWAL OF DOMESTIC PARTNERSHIP TERMINATION**

I, \_\_\_\_\_ wish to withdraw the notice of  
(Last) (First) (Middle)

termination of domestic partnership as of this date: \_\_\_\_\_.  
(Month) (Day) (Year)

(This date is within the 6 month termination period as required by 29 DCMR 8002.5)

\_\_\_\_\_  
Signature Partner 1 or 2 (Last) (First) (Middle)

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

Sworn to and subscribed in my presence on this \_\_\_\_\_.  
(Month, Day, Year)