

**Southern Illinois University Carbondale  
Termination of Domestic Partnership**

I, \_\_\_\_\_, do hereby declare that I no longer  
Name (print or type)  
have a domestic partnership with \_\_\_\_\_ .  
Name of Former Domestic Partner (print or type)

1) I further declare that a copy of this document has been provided to the individual identified above.

**-or-**

2) My domestic partner died on \_\_\_\_\_ , \_\_\_\_\_ .  
month and day year

AIS # \_\_\_\_\_

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

---

*Approved for Southern Illinois Universtiy Carbondale by:*

Name: \_\_\_\_\_  
Human Resources Representative's Signature

Date: \_\_\_\_\_