



Termination of Domestic Partnership

I, _____, certify
(Print name of Purdue University Employee)

that I previously submitted a Domestic Partner Affidavit in order to apply for benefits.

On _____ my domestic partner relationship with
(Date)
_____ ended.
(Print name of former domestic partner)

I certify that I have mailed a copy of this Notice to my former domestic partner at the following address:

The information provided in this notice will be maintained as confidential to the extent permitted by business necessity and law.

(Signature of Employee)

(Date)