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## Termination of Domestic Partnership

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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)