



# State of California Secretary of State

FILE NO: \_\_\_\_\_

## NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP

(Family Code section 299)

### Instructions:

1. Complete and send to:  
Secretary of State  
P.O. Box 942877  
Sacramento, CA 94277-0001  
(916) 653-3984
2. There is no fee for filing this Notice of Termination

(Office Use Only)

### We, the undersigned, do declare that:

We are terminating our domestic partnership. We have read and understand the brochure prepared by the Secretary of State describing the requirements, nature, and effect of terminating a domestic partnership. We also declare that all of the conditions exist as specified in Section 299(a) of the Family Code.

Secretary of State File Number (if known): \_\_\_\_\_

_____	_____	_____	_____
Signature of Partner	Printed Name (Last)	(First)	(Middle)

_____	_____	_____	_____
Signature of Partner	Printed Name (Last)	(First)	(Middle)

### NOTARIZATION IS REQUIRED

State of California  
County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
personally appeared \_\_\_\_\_,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public

[PLACE NOTARY SEAL HERE]

**RETURN TO** (Enter the name and the address of the person to whom a copy of the filed document should be returned.)

NAME [ ]

ADDRESS

CITY/STATE/ZIP [ ]