



**COUNTY OF ULSTER**  
**OFFICE OF THE COUNTY CLERK**  
**NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP AFFIDAVIT**

I, \_\_\_\_\_, certify that I previously filed a Statement of Domestic Partnership Affidavit with the County of Ulster, New York. I am now informing Ulster County that \_\_\_\_\_ is no longer my domestic partner.

I further certify that a signed copy of this Notice of Termination of Domestic Partnership has been mailed or otherwise delivered to the domestic partner identified above.

I understand that I may not file a new Statement of Domestic Partnership for a minimum of six (6) months following the date this Notice of Termination of Domestic Partnership has been filed by the County Clerk of Ulster, New York.

**ACKNOWLEDGMENTS:**

- A) If either party or both parties to a registered domestic partnership determines that the partnership has terminated, one of the partners shall file a termination statement with the Ulster County Clerk. The person filing the termination statement shall declare that the domestic partnership is terminated and, if the termination statement has not been signed by both domestic partners, that the other domestic partner has been notified.
- B) A domestic partnership shall terminate whenever one of the parties to the partnership marries a third party.
- C) A domestic partnership shall terminate upon the death of one of the parties.

Applicant's Name: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
(Print) (Print)

Applicant's Signature: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Address: \_\_\_\_\_

STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

SS:}

☐ If only one signature,  
proof of mailing provided

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_