

DISSOLUTION OF DOMESTIC PARTNERSHIP AFFIDAVIT

I, _____, certify that I previously filed a Statement of Domestic Partnership with the County of Schoharie, New York. I now declare to Schoharie County that _____ is no longer my Domestic Partner.

I further certify that a signed copy of this Notice of Dissolution of Domestic Partnership has been mailed by registered mail, return receipt requested, or otherwise delivered to the Domestic Partner identified above.

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

ACKNOWLEDGEMENTS:

- 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 Schoharie 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 partners, that the other domestic partner has been notified by registered mail, return receipt requested.
- 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 Name *Print Name*

Applicant's Signature: 1) _____ 2) _____
Signature *Signature*

Address: _____

On _____, 20____, before me, a Notary Public in and for said State personally appeared _____, personally known to me or proved to me based upon satisfactory evidence to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged that he/she/they executed the same in his/her/their signature on the said instrument.

STATE OF NEW YORK
COUNTY OF SCHOHARIE

Sworn to before me this _____ day of _____ 20____

Notary Public Signature

