

**NOTICE OF TERMINATION OF A DOMESTIC PARTNERSHIP
(For Domestic Partnerships Issued by Dane County Clerk)**

Please terminate the Domestic Partnership of:

[Provide the name and address of the applicant. *Write legibly.*]

and

[Provide the name and address of your partner. *Write legibly.*]

Date partnership began _____

Applicant's signature _____

RETURN THIS COMPLETED FORM TO:

DANE COUNTY CLERK
210 MARTIN LUTHER KING, JR. BLVD., ROOM 106A
MADISON, WI 53703

A copy of this form along with a cover letter from the Clerk's Office will be sent to each partner.
This Notice of Termination is considered filed when it is received by the County Clerk's office.