

City of Cambridge

TERMINATION FORM

DOMESTIC PARTNERSHIP

I hereby notify the City Clerk of the City of Cambridge, Massachusetts pursuant to Chapter 2.119 of the Municipal Code that:

My name is

My Domestic Partnership with _____ has been terminated.

I sent a copy of this notice CERTIFIED MAIL to my former domestic partner

On

I mailed the copy or copies to:

I declare under the penalty of perjury under the laws of the Commonwealth of Massachusetts that the statements above are true and correct. (Filing Fee \$5. Made Payable to the City of Cambridge.)

Signed on

In

Signature _____

Print Name _____