



Termination Statement of Domestic Partnership

I, _____ SSN _____ - _____ - _____,
(print faculty/staff member's name and SSN)

have terminated my domestic partnership with

_____ SSN _____ - _____ - _____.
(print former domestic partner's name and SSN)

The date that our domestic partnership terminated was _____.

Under penalty of perjury, I affirm that I will mail a copy of this completed termination statement to my former domestic partner.

(faculty/staff member's signature)

(date)

**Johns Hopkins University
Benefits Service Center
1101 East 33rd Street, Suite D-200
Baltimore, MD 21218
410.516.2000**