

NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP

This original document must be completed legibly, with no unauthorized corrections. It must include notarizations for each of the domestic partners who sign the document. It must be filed in office of the County Clerk in the county that issued the Declaration of Domestic Partnership in order to obtain a Certificate of Termination of Domestic Partnership.

The maximum penalty for providing false information used to create a vital records is one thousand dollars (\$1,000) or ninety (90) days in jail or both, per s. 69.24 (2) Wis. Stats.

PARTNERSHIP INFORMATION	1. This document constitutes the legal notice required for requesting a Certificate of Termination of Domestic Partnership under s. 770.12, Wis. Stats., for the domestic partners listed below. The Declaration of Domestic Partnership was filed at the Register of Deeds Office in: _____ County, Wisconsin on _____ Domestic Partnership Number D _____ <small>(Wisconsin County) (Day, Month, Year) (Number assigned by County Clerk)</small>			
	2. This document has been signed by (check box a or b and check box c ONLY IF APPLICABLE): a. <input type="checkbox"/> Both partners named below. b. <input type="checkbox"/> One of the parties named below (You must file an affidavit showing legal notification of your partner either under s. 801.11, Wis. Stats. or by publication). c. <input type="checkbox"/> This document is being filed as documentation of a termination of the domestic partnership due to the marriage of one of the partners while the partnership was in effect (the partnership is automatically terminated on the date of marriage). Only one partner's signature is required in this instance.			
DOMESTIC PARTNER A	3a. NAME OF DOMESTIC PARTNER AS LISTED ON THE DECLARATION OF DOMESTIC PARTNERSHIP (First / Full Middle / Last Name)		3b. BIRTH LAST NAME (As it Appears on This Person's Birth Certificate)	
	3c. ENTER NEW CURRENT NAME IF DIFFERENT FROM THE NAME LISTED ON THE DECLARATION OF DOMESTIC PARTNERSHIP (First / Full Middle / Current Last Name) Or check the box below if there is no name change <input type="checkbox"/> Same as listed		4. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	
	5a. CURRENT RESIDENCE - State (or country, if outside U.S.)	5b. RESIDENCE - County	6. DATE OF BIRTH (Month/Day/Year)	
DOMESTIC PARTNER B	7a. NAME OF DOMESTIC PARTNER LISTED AS ON THE DECLARATION OF DOMESTIC PARTNERSHIP (First / Full Middle / Last Name)		7b. BIRTH LAST NAME (As it Appears on This Person's Birth Certificate)	
	7c. ENTER NEW CURRENT NAME IF DIFFERENT FROM THE NAME LISTED ON THE DECLARATION OF DOMESTIC PARTNERSHIP (First / Full Middle / Current Last Name) Or check the box below if there is no name change <input type="checkbox"/> Same as listed		8. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	
	9a. CURRENT RESIDENCE - State (or country, if outside U.S.)	9b. RESIDENCE - County	10. DATE OF BIRTH (Month/Day/Year)	
AFFIRMATION AND NOTARIZATION	11. I, the undersigned, affirm that all of the information I have provided on this Notice of Termination of Domestic Partnership is correct to the best of my knowledge and belief. I understand that signing this document constitutes approval for applying for a Certificate of Termination of Domestic Partnership for myself and my domestic partner named in this notice.		12. I, the undersigned, affirm that all of the information I have provided on this Notice of Termination of Domestic Partnership is correct to the best of my knowledge and belief. I understand that signing this document constitutes approval for applying for a Certificate of Termination of Domestic Partnership for myself and my domestic partner named in this notice.	
	11a. SIGNATURE OF DOMESTIC PARTNER A	11b. DATE SIGNED	12a. SIGNATURE OF DOMESTIC PARTNER B	
	13. CERTIFICATE OF NOTARY PUBLIC FOR SIGNATURE OF DOMESTIC PARTNER A Subscribed and sworn before me this _____ day of _____, _____ Year SIGNATURE > _____, Notary / Notarial Officer of _____ County, State of _____ My commission expires _____ <small>(Expiration date and seal not required for Notarial Officers such as County Clerks or Deputy County Clerks)</small> Printed Name of Notary _____ (Place seal here)		14. CERTIFICATE OF NOTARY PUBLIC FOR SIGNATURE OF DOMESTIC PARTNER B Subscribed and sworn before me this _____ day of _____, _____ Year SIGNATURE > _____, Notary / Notarial Officer of _____ County, State of _____ My commission expires _____ <small>(Expiration date and seal not required for Notarial Officers such as County Clerks or Deputy County Clerks)</small> Printed Name of Notary _____ (Place seal here)	
	15. COUNTY RECEIVING NOTIFICATION		16. LEGAL PARTNER NOTIFICATION AFFIDAVIT ATTACHED? <input type="checkbox"/> a. No, Not required (both parties legally signed Or one partner married during partnership) <input type="checkbox"/> b. Yes (required if only one party signed)	
	18. SIGNATURE OF COUNTY CLERK	19. DATE RECEIVED (Month, Day, Year)	20. FEE PAID \$	21. DATE CERTIFICATE OF TERMINATION OF DOMESTIC PARTNERSHIP ISSUED (Month, Day, Year)
COUNTY CLERK			17. TERMINATION OF DOMESTIC PARTNERSHIP NUMBER T	

