

**DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP**

The Registered Domestic Partnership between

**Party 1:**

_____	_____
Name	Age
_____	
Home Address 1	
_____	
Home Address 2	

**Party 2:**

_____	_____
Name	Age
_____	
Home Address 1	
_____	
Home Address 2	

shall be terminated for the following reason. Choose **only one (1)** of the following:

- 1. Mutual consent of both parties. **Both parties must sign below.**  
**By signing this Declaration, I solemnly affirm that I will provide a copy of this Declaration of Termination of Domestic Partnership to the non-signing party at the above address.**
- 2. Termination by one party.  
**By signing this Declaration, I solemnly affirm that I have not been in contact with the other party for at least six (6) months and have, if their location is known, provided a copy of this Declaration of Termination of Domestic Partnership to the other party.**
- 3. Abandonment by one party for a period of at least six (6) months.  
**By signing this Declaration, I solemnly affirm that I have not been in contact with the other party for at least six (6) months and have, if their location is known, provided a copy of this Declaration of Termination of Domestic Partnership to the other party.**
- 4. Marriage of one or more of the parties. **Attach proof of marriage to this Declaration.**
- 5. Death of one or more of the parties. **Attach proof of death to this Declaration.**

Termination based on Items 1 or 2 shall take effect six (6) months from the date of the filing of this Declaration.  
Termination based on Items 3, 4, or 5 shall take effect immediately upon filing of this Declaration.

I acknowledge and solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, belief, and in accordance with Estates and Trusts Article § 2-214.

_____	_____	_____	_____
Party 1	Date	Party 2	Date

**(FOR REGISTER'S USE ONLY)**

REGISTRATION NO. \_\_\_\_\_