

SUSANA MARTÍNEZ

GOVERNOR

ED BURCKLE

CABINET SECRETARY

LARA WHITE DAVIS

DIRECTOR

RISK MANAGEMENT DIVISION



# State of New Mexico

General Services Department

ADMINISTRATIVE SERVICES DIVISION  
(505) 827-2000

FACILITIES MANAGEMENT DIVISION  
(505)827-2141

STATE PURCHASING DIVISION  
(505) 827-0472

RISK MANAGEMENT DIVISION  
(505) 827-0442

STATE PRINTING & GRAPHIC SERVICES BUREAU  
(505) 476-1950

TRANSPORTATION SERVICES DIVISION  
(505)827-1958

## NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP

### Executive Order 2003-010

Return this form to the State Employee's Human Resources Office within 31 calendar days from the date the domestic partnership terminated.

- I, the undersigned, do declare that my former partner, \_\_\_\_\_, and I are no longer in a Domestic Partner.   
*(Print Former Domestic Partner's Name)*
- (Fill out this part only if the termination is caused by death or marriage of the domestic partner; otherwise leave this blank and skip to the signature section below.)*

If the termination is caused by the death or marriage of the domestic partner, please indicate the date of the death or the marriage: \_\_\_\_\_. This date is the actual termination date of the Domestic Partnership.   
*(Month/Day/Year)*

I declare, under penalty of perjury, that the above statements are true and correct. *(Sign this Notice in the presence of a Notary Public.)*

\_\_\_\_\_  
Signature (Print Name)

\_\_\_\_\_  
Mailing Address City State Zip Code

STATE OF NEW MEXICO )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )  
*(County Name)*

SUBSCRIBED AND SWORN to this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_;  
an employee of the State of New Mexico *(Month/Year)* *(Print Employee's Name)*

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires