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State of New Mexico
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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