



Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Kathy Slater Huff, Deputy Secretary
Niki Kozlowski, Acting Deputy Secretary
Alanna Dancis, Acting Medicaid Director

State of New Mexico

Health Care Authority

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

1. I, the undersigned, do declare that my former partner, _____, and I are no longer in a Domestic Partnership. *(Print Former Domestic Partner's Name)*
2. *(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)
)
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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

*Para asistencia en español con este formulario, por favor llame a EASI Gov al 1-855-618-1800