



## Termination of Domestic Partnership by Mutual Consent

State File No.

<b>PARTNER</b>				
	(First name)	(Middle name)	(Last name)	(Sr., Jr., etc.)
	(Residence – state)	(County)	(City/Town)	(Date of birth)

<b>PARTNER</b>				
	(First name)	(Middle name)	(Last name)	(Sr., Jr., etc.)
	(Residence – state)	(County)	(City/Town)	(Date of birth)

### Mutual Consent to Termination

(If both partners consent to termination of partnership)

In accordance with Title 19-A M.R.S.A. §2710(4)(A), both of the undersigned, being first duly sworn under oath, hereby consent to the termination of our registered domestic partnership. We both understand our registered domestic partnership will be terminated effective immediately upon filing of this mutual consent with the Maine CDC vital records office at the address above. A registration fee of \$50.00 must accompany this form. Checks shall be made payable to: Treasurer, State of Maine.

Year domestic partnership registered: \_\_\_\_\_

\_\_\_\_\_  
Signature of partner

\_\_\_\_\_  
Signature of partner

\_\_\_\_\_  
Printed name of partner

\_\_\_\_\_  
Printed name of partner

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed name of Notary Public

\_\_\_\_\_  
Printed name of Notary Public

\_\_\_\_\_  
County/State

\_\_\_\_\_  
County/State

\_\_\_\_\_  
Date Commission Expires

\_\_\_\_\_  
Date Commission Expires

\_\_\_\_\_  
Date signed

<b>Signature and Date Below for Vital Records Office Use Only</b>	
_____ Registrar's signature	_____ Date filed