BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Termination of Domestic Partnership

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Instructions:
1. Type or print legibly.
2. This termination must be signed by both partners before a Notary Public.
3. Must be accompanied by a $50.00 filing fee payable to the Secretary of State.
4. Submit original declaration by hand delivery or mail only. *It will not be accepted by email or fax.*
5. **You may hand deliver the declaration to:**
   Carson City: State Capitol, 101 North Carson Street, Suite 3, Carson City
   Las Vegas: Grant Sawyer Building, 555 East Washington Avenue, Suite 5200, Las Vegas
6. An official letter of termination will be sent to the addresses provided.

Mail to:
Domestic Partnership Registration
555 East Washington Avenue, Suite 5200
Las Vegas, NV 89101

SECTION 1 - Applicant Information

Partner 1 - Name

First Name	Middle Name	Last Name	Suffix

Partner 2 - Name

First Name	Middle Name	Last Name	Suffix

Mailing Address (Partner 1):

Street or Postal Address	City	State	Zip Code

Mailing Address (Partner 2) if applicable:

Street or Postal Address	City	State	Zip Code

Certificate # _____

SECTION 2 - Declaration

We, the undersigned, declare that:

- ***We have been registered as domestic partners in the State of Nevada for five years or less;***
- ***we have no minor children and either partner, if female, to her knowledge is not pregnant; or we have minor children and have executed an agreement as to the custody of the children and the amount and manner of their support;***
- ***we have no community or joint property, or have an executed agreement as to the disposition of such property;***
- ***we waive any right to future support or have an executed agreement setting forth the amount and manner of any such support; and***
- ***we waive the right to conduct a more comprehensive proceeding pursuant to chapter 125 of the Nevada Revised Statutes.***

SECTION 3 - Signatures

I declare under penalty of perjury that the information provided on this Termination of Domestic Partnership is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X _____
Signature of Partner 1

State of _____
County of _____
Subscribed and sworn to before me the _____ 20 _____
by _____
(Print Name of Partner 1)

_____
Notary Signature

X _____
Signature of Partner 2

State of _____
County of _____
Subscribed and sworn to before me the _____ 20 _____
by _____
(Print Name of Partner 2)

_____
Notary Signature

Reset