

FOR INTERNAL USE ONLY:
AFFIDAVIT NO.: _____ REVOCATION
DATE: _____
RECEIVED BY: _____

**CITY OF SANTA MONICA
NOTICE OF REVOCATION OF DOMESTIC PARTNERSHIP**

I/WE, the undersigned, do declare that:

The Domestic Partnership entered into on _____, and filed with the City Clerk's Office as Domestic Partnership Affidavit No. _____ between: _____ and _____ was terminated on: _____

I/WE DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT.

Executed on _____, 20____, in Santa Monica, California.

(Signature)

(Signature)

(Printed Name)

(Printed Name)

(Residence Address)

(Mailing Address, if different)