



City of Sedona

Civil Union Termination Statement

I (or we), the undersigned declare that:

The civil union between

_____, _____, _____
Name *Date of Birth*

and

_____, _____, _____
Name *Date of Birth*

is terminated effective _____.
Date

Please include a \$10 fee payable to the "City of Sedona" for processing the termination.

If signed by only one civil union partner:

I, _____ further declare that I have notified my civil union
Name
partner _____ of the filing of this termination statement
Name
in writing to the last known address of my civil union partner.

First M.I. Last

First M.I. Last

Mailing Address

Mailing Address

City State Zip

City State Zip

Signature

Signature

Subscribed and sworn to (or affirmed)

Subscribed and sworn to (or affirmed)

before me on this _____ day of

before me on this _____ day of

_____, 2_____

_____, 2_____

by _____

by _____

Name of Signer above (NOT NOTARY)

Name of Signer above (NOT NOTARY)

State of Arizona)

State of Arizona)

County of _____)

County of _____)

Notary Public

Notary Public

My Commission Expires:

My Commission Expires:
