



DISSOLUTION

Domestic Partnership Registration City of Tumwater

I/we request that the Domestic Partnership Registration of:

_____ and _____
(Registrant #1) (Registrant #2)

dated, _____, be terminated. **Signature of at least one registrant is required.**

Print Name

Print Name

Signature

Signature

To be completed by Notary:

To be completed by Notary:

SUBSCRIBED AND SWORN TO BEFORE ME

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, _____

this _____ day of _____, _____

Name

Name

Signature

Signature

MY COMMISSION EXPIRES: _____

MY COMMISSION EXPIRES: _____

FOR OFFICE USE ONLY	
Date Pmt. Received (\$25)	Date dissolution receipt returned:
_____	_____

Mail this completed dissolution form, with \$25 registration fee to:

Administrative Services Department
Domestic Partner Registration Program
555 Israel Road SW
Tumwater, WA 98501