

BILL RICHARDSON  
NEW MEXICO GOVERNOR

ARTURO L. JARAMILLO  
CABINET SECRETARY

LIZ STEFANICS  
DIRECTOR  
RISK MANAGEMENT DIVISION



NEW MEXICO  
GENERAL SERVICES DEPARTMENT

ADMINISTRATIVE SERVICES DIVISION  
(505) 827-0620  
BUILDING SERVICES DIVISION  
(505) 827-2349  
COMMUNICATIONS DIVISION  
(505) 827-0680  
INFORMATION SYSTEMS DIVISION  
(505) 827-2436  
PROPERTY CONTROL DIVISION  
(505) 827-2141  
PURCHASING DIVISION  
(505) 827-0472  
RISK MANAGEMENT DIVISION  
(505) 827-0442  
TRANSPORTATION SERVICES DIVISION  
(505) 476-1902

NOTICE OF TERMINATION  
OF DOMESTIC PARTNERSHIP  
*Executive Order 2003-010*

*Return this form to the State Employee's Human Resources Office  
within 31 calendar days from the date the domestic partnership terminated.*

1. I, the undersigned, do declare that my former partner, \_\_\_\_\_,  
(Print Former Domestic Partner's Name)  
and I are no longer Domestic Partners.

2. *(Fill out this part only if the termination is caused by death or marriage of the domestic partner; otherwise leave this blank and skip to the signature section below.)*  
If the termination is caused by the death or marriage of the domestic partner, please indicate the date of the death or the marriage: \_\_\_\_\_. This date  
(Month/Day/Year)  
is the actual termination date of the Domestic Partnership.

I declare, under penalty of perjury, that the above statements are true and correct.

*(Sign this Notice in the presence of a Notary Public.)*

\_\_\_\_\_  
Signature (Print Name)

\_\_\_\_\_  
Mailing Address City State Zip Code

STATE OF NEW MEXICO )  
) ss.  
COUNTY OF \_\_\_\_\_ )  
(County Name)

SUBSCRIBED AND SWORN to this \_\_\_\_ day of \_\_\_\_\_, by  
Month/Year  
\_\_\_\_\_, an employee of the State of New Mexico.  
Print Employee's Name

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_