REQUEST FOR TERMINATION OF REGISTRATION OF DOMESTIC BARTNERSHIP

City of Seattle, Washington

LEG_domesticpartnership@seattle.gov

Registration ID#:

THIS SECTION TO BE	COMPLETED BY THE O		CICTRANT:	w asimigton	
THIS SECTION TO BE	COMPLETED BY THE OF	RIGINAL RE	GISTRAINT.		
I / we request that t	the Domestic Partners	hip Registr	ation of:		
				т	This space for City Clerk
(Name 1)	ame 1) (Name 2)				Office use only
originally registered with the City of Seattle on _			, be terminated.		
			(Date)		
Requested by:					
(Printed name)			(Signature)		Date
E-mail / phone					
Mail confirmation to:			And also to (optional)		
Street Address / P.O. E	Box l	Unit #			
City	State	ZIP			
THIS SECTION TO BE	COMPLETED BY A NOTA	ARY PUBLIC	;		
SUBSCRIBED AND S	WORN TO BEFORE ME				
this day of					
Signature					
MY COMMISSION EX	PIRES:				
ADDITIONAL INFORM	IATION				
If you are not sure of the City Clerk at 206-684-8	ne date your partnership wa 3344 or <u>CityClerk@seattle.</u>	as originally r gov for the in	egistered, leave that formation.	line blank or contact	the Office of the
they are public records	uments associated with the subject to disclosure unde on this issue, please conta	er Revised Co	ode of Washington (F	RCW) Section 42.56.	If you have
FOR CITY CLERK'S OFFICE USE ONLY			MAIL COMPLETED FORM TO: Office of the City Clerk DPR Program		
Database Updated:	Confirmation Mailed:		600 Fourth Av		•
			OR EMAIL COMP	LETED ELECTRONIC	FORM TO: