

Exhibit B

**UNIVERSITY OF RICHMOND
STATEMENT OF TERMINATION OF
SAME-SEX DOMESTIC PARTNERSHIP**

This form is to be completed and returned to the Human Resources Office within thirty-one (31) calendar days from the date a domestic partnership is terminated.

I, _____
(Employee's Name)
declare that _____,
(Former Domestic Partner Name)

is no longer my domestic partner as defined in my Affidavit of Same-Sex Domestic Partnership, an original of which was executed and filed with the University of Richmond by me and my former domestic partner on _____.
(Date)

I make and file this Statement of Termination in order to cancel and revoke the above-described Affidavit.

Via certified or registered mail, I mailed my former domestic partner a copy of this termination notice. A copy of the certified or registered mail card evidencing my former domestic partner's receipt of such termination notice is attached.

I declare that the above statements are true and correct.

Employee Name

Employee Signature

Date

Address
