

**STATEMENT OF DISSOLUTION OF MARRIAGE/DOMESTIC
PARTNERSHIP**

Washington County, Oregon

I, _____ (print employee name), affirm that the Affidavit of Marriage/Domestic Partnership attested to and signed by me on (date of affidavit) _____ shall be and is terminated as of this date. Termination is due to:

- Legal dissolution of marriage as of _____ (date of dissolution).
- Legal dissolution of domestic partnership as of _____ (date of termination).
- Death of Spouse/Domestic Partner _____ (date of death).

Employee's Signature

Date

Received by (Employer or Division)

Date