

**AFFIDAVIT TERMINATING A
SAME-SEX SPOUSAL EQUIVALENT RELATIONSHIP
PERSONAL AND CONFIDENTIAL**

I, the undersigned, do declare that effective _____:
(date)

_____ and I are no longer spousal equivalents
(name of individual as shown on affidavit of same-sex spousal equivalent relationship form)

(address of above individual)

I declare that the above statements are true and accurate.

Signature

Date

Typed or Printed Name

Social Security Number

Benefits Office Use:

Copy of form mailed to Same Sex Spousal Equivalent _____

_____ on _____

Sign and Date