



**Termination Statement
of Marriage/Same-sex Domestic Partnership**

I, _____ SSN _____ - ____ - ____
(print faculty/staff member's name and SSN)

have terminated my marriage/same-sex domestic partnership with

_____ SSN _____ - ____ - ____
(print former spouse's/same-sex domestic partner's name and SSN)

The date that our marriage/same-sex domestic partnership terminated was _____.

Under penalty of perjury, I affirm that I will mail a copy of this completed termination statement to my former spouse/same-sex domestic partner.

(faculty/staff member's signature)

(date)

Return completed form by mail, e-mail, or fax to:

**Johns Hopkins University
Benefits Service Center
1101 East 33rd Street, Suite D-100
Baltimore, MD 21218
Phone: 410.516.2000
Fax: 443.997.5820
E-mail: benefits@jhu.edu**