



FRANCISCO V. AGUILAR
Nevada Secretary of State
2250 Las Vegas Blvd North
Suite 400
North Las Vegas, NV 89030
(702) 486-2887
www.nvsos.gov

Termination of Domestic Partnership by Decree

FOR OFFICE USE ONLY

Use this form to terminate a domestic partnership that meets either condition in "Section 2 – Declaration" of this form. Follow these instructions to file this form:

- 1) Type or print legibly using blue or black ink. Do not use whiteout.
- 2) All fields required. A Notary Public must notarize this form.
- 3) Submit original termination. No copies.
- 4) No fee required.
- 5) Attach a copy of a final court order (such as *Decree of Divorce* or *Dissolution of Domestic Partnership*) or death certificate.
- 6) Hand delivery accepted at:
 - Carson City: 101 N. Carson Street, Suite 3
 - NLV: 2250 Las Vegas Blvd. North, 1st Floor

Job# : _____

Mail this form with appropriate fees to:
Nevada Secretary of State
Domestic Partnership Program
2250 Las Vegas Boulevard North, Suite 400
North Las Vegas, NV 89030

SECTION 1 – Registrant Information (Do not use alias or nickname)

Certificate Number: Certificate Date:

Filing Partner:
Legal First Name Legal Middle Name Legal Last Name Suffix

Mailing Address:
PO Box or Street Address for Filing Partner City State Zip Code

Former Partner:
Legal First Name Legal Middle Name Legal Last Name Suffix

SECTION 2 – Declaration

I, the undersigned, declare that:

1. We have terminated our domestic partnership pursuant to Chapter 125 of the Nevada Revised Statutes and a copy of the final court order is attached to this form.
- OR
2. My domestic partner is deceased and a copy of the death certificate is attached to this form.

SECTION 3 – Fees and Contact Information

FEES	Qty	Subtotal
Termination by Decree Fee	1	\$0.00
Expedite Filing (by appointment only) \$100.00		
Total:		

CONTACT

For questions about your filing, provide a phone number:

This filing will update the record. No termination letters are issued.

SECTION 4 – Signature (This form must be signed in the presence of a Notary Public)

I declare under penalty of perjury that the information provided on this Termination of Domestic Partnership by Decree is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X

Signature of Filing Partner

State of _____

County of _____

Signed and sworn to before me on _____ 20____

by _____
Print Name of Filing Partner

(Notary Seal)

Signature of Notarial Officer



FRANCISCO V. AGUILAR
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

ePayment Checklist

All major credit cards are accepted. For security purposes, please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information.

Processing Requested:

- ☐ Regular ☐ 24-HOUR Expedite ☐ 4-HOUR Expedite (Apostille only)
☐ 2-HOUR Expedite ☐ 1-HOUR Expedite ☐ 24 -HOUR (Domestic Partnership only)

Order Information (required)

Entity Name/Order Reference: _____

Cardholder Name (as shown on credit card): _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Last 4 Digits of Credit Card: _____ Card Type: ☐ VISA ☐ MasterCard ☐ Amex ☐ Discover

Authorized to Charge*: _____

By signing this form, I understand that there will be a non-refundable credit card payment processing fee of 2.5% added to the total amount of the transaction. I understand if I do not wish to pay the credit card processing fee, I can either mail a check, or pay in person by cash, check, or money order. I certify that I am the cardholder and responsible for this payment in accordance with the issuing bank cardholder agreement. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment.

Authorized Signature

X _____ Date: _____

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: _____
2. Expiration Date: _____
3. Security Code*: _____
*3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
4-digit number found on the front right side of American Express card.

All 3 fields **MUST**
be completed!

This section will be
destroyed after the
payment is processed.