



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

Simplified Termination of Domestic Partnership

FOR OFFICE USE ONLY

Follow these instructions to terminate a domestic partnership that has been registered 5 years or less and meets all conditions in "Section 2 – Declaration" of this form:

- 1) Type or print legibly using blue or black ink. Do not use whiteout.
- 2) Attach a **\$50.00 filing fee** payable to Nevada Secretary of State. Use check, money order, or Credit Card Checklist Form.
- 3) Submit original termination. No copies.
- 4) All fields required. This form has two separate notarial acts.
- 5) 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: _____ *If over 5 years, use a Termination of Domestic Partnership by Decree Form*

Partner 1: _____
 Legal First Name Legal Middle Name Legal Last Name Suffix

Mailing Address: _____
 PO Box or Street Address for **Partner 1** City State Zip Code

Partner 2: _____
 Legal First Name Legal Middle Name Legal Last Name Suffix

Mailing Address: _____
 PO Box or Street Address for **Partner 2** City State Zip Code

SECTION 2 – Declaration

We, the undersigned, declare that:

1. We have been registered as domestic partners in the State of Nevada for five years or less;
2. We have no minor children and either partner, if female, to her knowledge is not pregnant; or we have minor children and have executed an agreement as to the custody of the children and the amount and manner of their support;
3. We have no community or joint property, or have an executed agreement as to the disposition of such property;
4. We waive any right to future support or have an executed agreement setting forth the amount and manner of any such support; and
5. We waive the right to conduct a more comprehensive proceeding pursuant to Chapter 125 of the Nevada Revised Statutes.

SECTION 3 – Fees, Delivery and Contact Information

FEES – Filing includes termination letters	Qty	Subtotal
Termination Fee	1	\$50.00
Expedite Filing Fee	\$100.00	
Total:		

DELIVERY – Choose a method for delivery of your letter(s):

- ☐ Standard USPS First Class Mail to mailing address(es) above
- ☐ Expedite Mail: enclose a **prepaid** self-addressed flat envelope or shipping label for the expedite service of your choosing
- ☐ Hold for pickup at: ☐ North Las Vegas

CONTACT – For questions about your filing or to notify you of pickup, provide a phone number: _____

SECTION 4 – Signatures (Termination must be signed in the presence of a Notary Public)

I declare under penalty of perjury that the information provided on this Simplified Termination of Domestic Partnership 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 **Partner 1**

State of _____

County of _____

Signed and sworn to before me on _____ 20____

by _____
 Print Name of **Partner 1**

(Notary Seal)

Signature of Notarial Officer

X

Signature of **Partner 2**

State of _____

County of _____

Signed and sworn to before me on _____ 20____

by _____
 Print Name of **Partner 2**

(Notary Seal)

Signature of Notarial Officer



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Notarization Guidelines for Domestic Partnerships

To ensure that your declaration is not rejected for notarization errors, we offer the following guidelines:

- 1) Please type or print. Make sure the names of both partners and the address(es) are legible in Section 1.
- 2) The notarial officer completes the entire notarial section. It is the partner name (i.e. document signer) that is printed by the notarial officer on the "by" line above the notarial officer's signature.
- 3) Each signature requires a **separate** notary stamp and complete notarial language.
- 4) The notarial officer shall make sure the stamp has enough ink, does not smear, that the whole stamp is clear, and that the completed notarial signature is legible.
- 5) A document may be notarized by a notarial officer in another state or country.
- 6) Below is how a document should be properly notarized.

<p>X</p> <p>Signature of Partner 1</p> <p>State of [INSERT STATE]</p> <p>County of [INSERT COUNTY]</p> <p>Signed and sworn to before me on [MONTH DAY] 20 [YEAR]</p> <p>by [NAME OF DOCUMENT SIGNER - PARTNER 1]</p> <p>Print Name of Partner 1</p> <p>(Notary Seal) _____ Signature of Notarial Officer</p> <div style="border: 1px solid black; width: 150px; height: 50px; margin: 20px auto; text-align: center;">Notary Stamp</div>	<p>X</p> <p>Signature of Partner 2</p> <p>State of [INSERT STATE]</p> <p>County of [INSERT COUNTY]</p> <p>Signed and sworn to before me on [MONTH DAY] 20 [YEAR]</p> <p>by [NAME OF DOCUMENT SIGNER - PARTNER 2]</p> <p>Print Name of Partner 2</p> <p>(Notary Seal) _____ Signature of Notarial Officer</p> <div style="border: 1px solid black; width: 150px; height: 50px; margin: 20px auto; text-align: center;">Notary Stamp</div>
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[Do not notarize this document. This is only a guideline.]



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.