



Termination Statement of Marriage/Domestic Partnership

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

have terminated my marriage/domestic partnership with

_____, SSN _____ - _____ - _____.
(print former spouse's/domestic partner's name and SSN)

The date that our marriage/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/domestic partner.

(faculty/staff member's signature)

(date)

**Johns Hopkins University
Benefits Service Center
1101 East 33rd Street, Suite D-200
Baltimore, MD 21218
410.516.2000**