



# Town of Clarkdale, AZ Civil Union Termination Statement

Town of Clarkdale  
Use Only:

Filing Date: \_\_\_\_\_

Registration #: \_\_\_\_\_

I\* (or we), the undersigned, declare that the Civil Union between

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

and

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

is terminated effective \_\_\_\_\_  
Date

\*If this form is being signed by only one Civil Union partner:

I, \_\_\_\_\_ further declare that I have notified my Civil Union partner  
Name

\_\_\_\_\_ of the filing of this termination statement. The notification was  
Name

provided in writing to the last known address of my Civil Union partner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature (if applicable)

Subscribed and sworn to (or affirmed) before me on the \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_

by \_\_\_\_\_ and (if applicable) \_\_\_\_\_.

Notary Public for the State of Arizona:

My Commission Expires:

\_\_\_\_\_  
Signature

\_\_\_\_\_