



# *Life Partnership Termination*



## *GUIDE*

**This guide outlines the law and forms necessary to terminate your Life Partnership with the City of Philadelphia.**

### **TERMINATION OF LIFE PARTNERSHIPS**

One or both members of a Life Partnership may elect to terminate the partnership. Pursuant to Section 9-1124 of the Fair Practices Ordinance, if a Termination Statement is signed by both Life Partners, it becomes effective sixty (60) days from the date the Termination Statement is filed with the Commission. If a Termination Statement is not signed by both Life Partners, it becomes effective sixty (60) days from the date the Termination Statement Proof of Service (setting forth that a copy of the Individual Life Partnership Termination Statement was served, personally or by certified or registered mail, on the other Life Partner) is filed with the Commission. For the purposes of that provision, service by certified or registered mail to the other Life Partner at his or her last known address shall be deemed sufficient service.

### **LIFE PARTNERSHIP TERMINATION FORMS**

The following forms are approved as the official forms which must be used pursuant to Section 9-1124 of the Philadelphia Fair Practices Ordinance:

- A. Joint Life Partnership Termination Statement
- B. Individual Life Partnership Termination Statement
- C. Termination Statement Proof of Service



# *Philadelphia Commission on Human Relations*

## *Joint Life Partnership Termination Statement*

We declare under penalty of perjury that all of the information that we have provided on this form is true, correct and complete to the best of our knowledge. We acknowledge that false statements on this form are punishable pursuant to 18 Pa. C.S. Section 4904 (unsworn falsification to authorities).

We certify that we are no longer Life Partners and request that our Life Partnership be terminated. We understand that this termination will become effective sixty (60) days from the date this Termination Statement is filed.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address - Street

\_\_\_\_\_  
Address - Street

\_\_\_\_\_  
Address – City, State, Zip

\_\_\_\_\_  
Address – City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City I.D. # (if applicable)

\_\_\_\_\_  
City I.D. # (if applicable)

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Signed



## *Philadelphia Commission on Human Relations Individual Life Partnership Termination Statement*

I declare under penalty of perjury that all of the information that I have provided on this form is true, correct and complete to the best of my knowledge. I acknowledge that false statements on this form are punishable pursuant to 18 Pa. C.S. Section 4904 (unsworn falsification to authorities).

I certify that I am no longer a Life Partner with \_\_\_\_\_.

I understand that this termination will become effective sixty (60) days from the date that I file with the Commission a "Termination Statement Proof of Service" stating that a copy of this Termination Statement was served, either personally or by certified or registered mail, on my former life partner.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address - Street

\_\_\_\_\_  
Address – City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City I.D. # (if applicable)

\_\_\_\_\_  
Signed



# *Philadelphia Commission on Human Relations*

## *Termination Statement Proof of Service*

I declare under penalty of perjury that all of the information that I have provided on this form is true, correct and complete to the best of my knowledge. I acknowledge that false statements on this form are punishable pursuant to 18 Pa. C.S. Section 4904 (unsworn falsification to authorities).

I hereby certify that on (insert date) \_\_\_\_\_ I served on (insert name of Life Partner on whom Service was made) \_\_\_\_\_ a copy of the Individual Life Partnership Termination Statement signed by (insert name of Life Partner who signed Termination Statement) \_\_\_\_\_.

Such service was made by (indicate either personal service or service by registered or certified mail) \_\_\_\_\_ to the following address (insert address):

\_\_\_\_\_.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address - Street

\_\_\_\_\_  
Address – City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City I.D. # (if applicable)

\_\_\_\_\_  
Signed