



## **INSTRUCTIONS: DOMESTIC PARTNERSHIP TERMINATION RCW 26.60**

**Purpose:** The general purpose of the form is to terminate a domestic partnership on record with our office. Please note that if the termination of partnership is by reason of death a copy of the death certificate must be attached (certified copies are not necessary).

**General Instructions:** Use dark ink only. Complete the entire form and enter all requested information in the fields provided. A fillable .pdf version of this form is available for download at [sos.wa.gov/corps/domesticpartnerships](http://sos.wa.gov/corps/domesticpartnerships)

**Mail:** Send the completed form and payment to the address listed above.

**Email:** An email address is required on all documents submitted to this office. Existing email addresses will be used for notifications unless replaced via a filing with this office. Archived emails from previous filings will continue to be used for all notifications.

**Payment:** Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

**Fees:** There is no filing fee for this form.

**Expedited Service:** If expedited service is requested, include an *additional* \$100 fee and check the box indicating expedited service on page one.

**ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.**

**(1) Registration Number:** Enter the registration number associated with your Washington State Registered Domestic Partnership.

**(2) Partner Addresses:** Provide the address for both partners including the email address and phone number. If reason of termination is due to the death of one partner then only one address section must be completed.

**(3) Partner Signatures:** The signature, printed name, and the signature date are required for both partners.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at [www.sos.wa.gov/corporations](http://www.sos.wa.gov/corporations) to chat with a representative.



Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

See website for overnight address by commercial carrier

Tel: 360.725.0377 | Website: [www.sos.wa.gov/corporations-charities](http://www.sos.wa.gov/corporations-charities)

**THIS BOX FOR OFFICE USE ONLY**

- ☐ No filing fee  
☐ To Expedite Filing, Add \$100

**DOMESTIC PARTNERSHIP TERMINATION**  
**RCW 26.60**

**If by reason of death a copy of the death certificate is required to be attached**

All fields are **REQUIRED** unless otherwise specified

**(1) REGISTRATION NUMBER:** \_\_\_\_\_

**(2) PARTNER ADDRESSES:** *Only one must be completed if reason of termination is due to death of one partner*

**Partner 1 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email (required):** \_\_\_\_\_

**Phone (optional):** \_\_\_\_\_

**Partner 2 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email (required):** \_\_\_\_\_

**Phone (optional):** \_\_\_\_\_

**(3) PARTNER SIGNATURES:**

I/We hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

\_\_\_\_\_  
**Partner 1 Signature**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Partner 2 Signature**

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

\_\_\_\_\_  
**Date**

***Signatures from both partners are required unless the cause of the termination is the death of one partner***