



State of California Secretary of State

FILE NO. _____

REVOCATION OF TERMINATION OF DOMESTIC PARTNERSHIP

(Family Code section 299)

(Office Use Only)

Instructions:

1. Complete and mail to:

Secretary of State
P.O. Box 942870
Sacramento, CA 94277-2870
(916) 653-3984

2. There is no fee for filing this Revocation of Termination of Domestic Partnership.

I, the undersigned, do declare that:

I am revoking the termination of domestic partnership, notice of which was filed with the Secretary of State on _____. This revocation is being filed within six months of the date the
(month/day/year)

Notice of Termination was filed with the Secretary of State. I have sent the other party a copy of this notice of revocation by first-class mail, postage prepaid, at the other party's last known address.

Signature Printed Name (Last) (First) (Middle)

Partner's Name (Last) (First) (Middle)

RETURN TO (Enter the name and the address of the person to whom a copy of the filed document should be returned.)

NAME []

ADDRESS

CITY/STATE/ZIP []