

SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN

CERTIFICATION OF CHANGE IN DEPENDENT STATUS

I hereby certify that the statements below are true and correct.

I previously filed a Certification of Dependent Status for _____, who is or was my same sex spouse or domestic partner on the date of such Certification.

The above person no longer qualifies as my federal tax dependent for health coverage purposes effective as of _____ (fill in effective date of change).

Date

Signature

Type or Print Name