



OFFICE OF THE CAMDEN COUNTY CLERK  
 COURTHOUSE ROOM 102 • 520 MARKET STREET • CAMDEN NJ 08102  
 (856) 225-5300

# DISSOLUTION OF TRADE NAME

**This is to certify that:**

The following statement is made by the undersigned pursuant to the provisions of N.J.S.A. 56:1-6 et seq. ("Recording Dissolution of Partnership"):

1. The name of the individual(s) who registered the business is (are):

\_\_\_\_\_

2. The name under which the business had been conducted is:

\_\_\_\_\_

For Clerk's Office Use Only

3. The address of the business is: \_\_\_\_\_

4. The date on which the business was duly registered with the Clerk of the County of Camden is \_\_\_\_\_

5. The date on which the business was dissolved is \_\_\_\_\_

The true and real name(s) of the person(s) who had transacted said business, and the full address(es) of said person(s) is (are) as follows:

( Name ) ( Street ) ( City ) ( State ) ( Zip Code )

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EACH MEMBER OF THE BUSINESS MUST SWEAR OR AFFIRM TO THE FOLLOWING AFFIDAVIT:**

I (We), the undersigned, of full age, being duly sworn according to law, on their oath say, that they are the person(s) who made out the foregoing certificate, and that the statements therein made are true and correct in each and every particular.

**State of New Jersey, County of Camden,  
 Sworn and subscribed to before me this**

\_\_\_\_\_  
 ( SIGNATURE OF REGISTRANT )

\_\_\_\_\_  
 ( SIGNATURE OF REGISTRANT )

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 ( Day ) ( Month ) ( Year )

\_\_\_\_\_  
 ( SIGNATURE OF REGISTRANT )

\_\_\_\_\_  
 ( SIGNATURE OF REGISTRANT )

SIGNED BY NOTARY PUBLIC, ATTORNEY OR OTHER PERSON  
 AUTHORIZED UNDER LAW TO TAKE OATH IN NEW JERSEY

Contact Phone # ( ) - \_\_\_\_\_