



Carlos Alvarez, Mayor

Consumer Services Department

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DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP

1. I declare under penalty of perjury under the laws of the State of Florida that the Domestic Partnership between _____ and _____, Domestic Partner Certificate Number _____ is terminated.

2. Signed on _____ in _____, _____
Date City State

Signature

Printed name

Signature

Printed name

3. Notarization of signature: (Required)

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____, 20__ by _____ and _____ who are personally known _____ or produced Identification _____.

Signature of Notary Public

