



CITY OF GAINESVILLE
Office of the City Clerk
200 East University Avenue,
Station 18
Gainesville, Florida 32601
Email: Clerks@CityofGainesville.org

**DECLARATION OF TERMINATION OF DOMESTIC
PARTNERSHIP**

Article ____ Chapter ____ of the City of Gainesville Code

Registration Number: _____

Instructions:

Complete and submit this form (notarization is required) to the City Clerk at the address above. A filing fee of \$____, must accompany the registration form. Make a check payable to the City of Gainesville. The termination of Domestic Partnership becomes effective on the date this form is filed with the City Clerk.

This form is to be used only when both partners are signing.

Do you or your domestic partner claim any exemption to public record disclosure pursuant to Section 119 Florida Statutes?

☐ Yes ☐ No. If "yes," submit a detailed explanation of exemption (may use separate page if needed).

The Domestic Partnership between _____

And _____, Registration Number _____

is hereby terminated.

Print Name: _____

Print Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

We swear or affirm under penalty of perjury that the preceding statements are true and correct.

Signed on _____ in _____, _____
(Date) (City) (State)

Signature (Print) Last, First Middle

Signature (Print) Last, First Middle

The Termination of the registered domestic partnership will not terminate powers and rights granted by contract between the parties or by separate legal instrument.

Notarization of both signatures required.

State of _____ County of _____, Sworn to and subscribed before me by
means of ☐ physical presence or ☐ online notarization this _____ Day
of _____, 20____ by _____ and
_____ who are personally known ☐ or produced _____
and _____ as identification.

Signature of Notary Public

For Clerk's Use Only:

Filing Date: _____

Received by: _____

Registration #: _____