



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

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 when only one partner is 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).

1. The Domestic Partnership between _____
And _____, Registration Number _____
Is hereby terminated, and
2. On _____, the City Clerk was provided
with the unsinged partner's last known address, which is _____
_____, and
3. I hereby certify that my former partner was notified of this termination via certified or
registered mail on _____, 20 ____; or
4. I have taken the following good-faith efforts to notify my former partner of this action:

Print Name: _____

Address: _____

Telephone Number: _____

I swear or affirm under penalty or perjury that the statements above are true and correct.

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

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 signature required.

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

Signature of Notary Public

For Clerk's Use Only:

Filing Date: _____

Received by: _____

Registration #: _____

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