

This document prepared by
and return to:



DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP

I swear or affirm under penalty of perjury that:

1. The Domestic Partnership between _____ ,
(Former Domestic Partner)
Certificate Number _____ , and the undersigned is hereby terminated, and
2. On _____ , I mailed my former Partner a copy of this notice at his/her
(Date)
last known address, which is _____
(Address to which copy of notice was mailed)

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

Executed on: _____ , _____ ,

at _____ , _____
(City) *(State, Zip)*

Signed: _____

Print Name: _____

Address: _____

Telephone Number: (_____) _____

Acknowledgment:

State of _____

County of _____ ss.

On this ____ day of _____ the year of _____ , before me, the undersigned authority, personally appeared, _____ personally known to me (or providing the following identification _____) and, in my presence, executed the foregoing Termination of Declaration of Domestic Partnership.

Notary Public