

RECORD & RETURN to:
St. Petersburg City Clerk
175 Fifth Street North
St. Petersburg, FL 33701

CITY OF ST. PETERSBURG AFFIDAVIT OF TERMINATION OF DOMESTIC PARTNERSHIP

St. Petersburg City Code, Chapter 15, Article II
St. Petersburg City Clerk 727-893-7448; cityclerk@stpete.org
Office Hours: Monday through Wednesday from 8:30 a.m. to 4:30 p.m.

Instructions:

Complete and submit this form (**notarization is required**) to the City Clerk's Office at the address above. Call the City Clerk's office to obtain your City of St. Petersburg Domestic Partnership registration number and Pinellas County Official Records information if you do not have it. **A filing fee of \$15.00 is required** and must accompany this form. It may be submitted by mail to the address above or in person to the St. Petersburg City Clerk's Office. Make check payable to the City of St. Petersburg. The Termination of Domestic Partnership becomes effective 10 days from the date the certificate of termination is issued.

STATE OF FLORIDA
COUNTY OF PINELLAS

I swear or affirm under penalty of perjury that:

1. The Domestic Partnership, an affidavit of which was recorded as Pinellas County Official Record _____ and as City Domestic Partnership Registration Number _____ between _____ and the undersigned, is terminated.

(Former Domestic Partner)

2. My former partner's last known address is _____ and I understand that a copy of this Affidavit of Termination of Domestic Partnership will be provided to my partner at that address based on the information that I have provided.

3. I understand that the original of this Affidavit of Termination of Domestic Partnership will be recorded in the Pinellas County Official Records and that the rights that my former domestic partner and I received as a result of registering our partnership, including health care surrogacy, are no longer applicable.

I understand that I am swearing or affirming under oath to the truthfulness of the statements made in this affidavit and that the punishment for making a false statement includes fines and/or imprisonment.

Signature: _____

Print Name: _____

Address: _____

Notarization: (Required)

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

Signature of Notary Public

For Clerk's Use Only: Filing Date: _____ Received by _____ Registration # _____ Sent to Recording on _____ by _____ Date of Amendments/Termination: _____
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