



SHARON R. BOCK
 Clerk & Comptroller
 Palm Beach County

Declaration of Termination of Domestic Partnership

RETURN TO:

space above reserved for recording information

INSTRUCTIONS

Complete the following information to declare the termination of a domestic partnership.

AFFIRMATION

I swear or affirm under penalty of perjury that:

1. I am a partner in a registered domestic partnership established in Palm Beach County, Florida.
 My registration number is _____.
2. The Domestic Partnership has been dissolved.
3. I have notified my domestic partner of the termination of this Domestic Partnership as indicated by either:
 - a. _____ My partner has joined in this Declaration of Termination by signing below in the presence of a notary or a deputy clerk; OR
 - b. _____ Notice was delivered to my former Partner by registered or certified mail, return receipt requested at his/her last known address. I have provided the proof of service (return receipt) to the Clerk & Comptroller's office as required.

STATEMENT

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

Partner Filing Declaration of Termination of Domestic Partnership:

Printed Name:							
Address:		City:		State:		Zip:	
Signature:				Date:			

**STATE OF FLORIDA
 COUNTY OF PALM BEACH**

Sworn or affirmed and signed before me on _____ by

Notary Public or Deputy Clerk of Court

[Print, type or stamp commissioner name of notary or clerk]

Partner Joining Declaration of Termination of Domestic Partnership:

Printed Name:					
Address:		City:		State:	Zip:
Signature:				Date:	

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

Sworn or affirmed and signed before me on _____ by

Notary Public or Deputy Clerk of Court

[Print, type or stamp commissioner name of notary or clerk]