



**MIKE CARUSO**  
 CLERK OF THE CIRCUIT COURT & 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 of the Circuit Court & 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:**

<b>Printed Name:</b>							
<b>Address:</b>		<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Signature:</b>					<b>Date:</b>		

**STATE OF FLORIDA  
 COUNTY OF PALM BEACH**

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by: \_\_\_\_\_, who personally known to me, or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
 Notary Public or Deputy Clerk of the Circuit Court

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

**Partner Joining Declaration of Termination of Domestic Partnership:**

<b>Printed Name:</b>					
<b>Address:</b>		<b>City:</b>		<b>State:</b>	
<b>Signature:</b>				<b>Date:</b>	

**STATE OF FLORIDA  
COUNTY OF PALM BEACH**

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by: \_\_\_\_\_, who personally known to me, or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public or Deputy Clerk of Court

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