SHANNON RAMSEY-CHESSMAN
CLERK AD INTERIM
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:

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

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

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]