

For Clerk's Office Use Only:  
Filing Date: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Registration No.: \_\_\_\_\_



**AFFIDAVIT FOR TERMINATION OF DOMESTIC PARTNERSHIP**  
Chapter 18, Article VIII of the Sarasota City Code

**This form is to be used when both partners are signing form.**

**Instructions:**

Complete and submit this form in person (**notarization is required**) to the City Auditor and Clerk's Office located in Room 110, Sarasota City Hall, 1565 First Street, Sarasota, Florida, phone (941) 954-4160. A filing fee of \$20.00 is required and must accompany the form. Make check payable to the City of Sarasota. The termination of Domestic Partnership becomes effective ten (10) days from the date the certificate of termination is filed.

Does either applicant claim any exemption to public record disclosure pursuant to Chapter 119, Florida Statutes?  YES  NO. If yes, submit on a separate page a detailed explanation of exemption.

We the undersigned swear or affirm under penalty of perjury that:

The Domestic Partnership between \_\_\_\_\_ and \_\_\_\_\_, Registration Number \_\_\_\_\_

is hereby terminated.

Printed Name (Last) (First) (Middle)

Printed Name (Last) (First) (Middle)

Signature of Partner stated above

Signature of Partner stated above

Address

Address

Telephone Number

Telephone Number

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_

and \_\_\_\_\_  who are personally known to me or  who have produced \_\_\_\_\_

as identification.

\_\_\_\_\_  
Signature of Notary Public

**CERTIFICATE OF TERMINATION OF DOMESTIC PARTNERSHIP**

I, do hereby certify that the Domestic Partnership between \_\_\_\_\_ and \_\_\_\_\_  
(Printed Name of Partner) (Printed Name of Partner)

is hereby terminated in accordance with the procedures outlined in Chapter 18, Article VIII of the City Code of the City of Sarasota. I do further certify that the registration recorded in the Domestic Partnership Registry of the City of Sarasota as Registration Number \_\_\_\_\_ is hereby terminated. Signed this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Pamela M. Nadalini, MBA, CMC  
City Auditor and Clerk