

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



AFFIDAVIT FOR TERMINATION OF DOMESTIC PARTNERSHIP
 Chapter 40, Article I of the Venice City Code

This form is to be used when ONE partner is signing form.

Instructions:

Complete and submit this form in person (**notarization is required**) to the City Clerk's Office located at Venice City Hall, 401 W. Venice Avenue, Room 101, Florida, phone (941) 486-2626. All identification cards must be surrendered at the time of termination. A filing fee of \$20.00 is required and must accompany the form. Make check payable to the City of Venice. The termination of Domestic Partnership becomes effective ten days from the date the certificate of termination is issued.

Do you or your domestic partner 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.

I, the undersigned, swear or affirm under penalty of perjury that:

- The Domestic Partnership between _____ Registration Number _____
 (Former Domestic Partner)
 and the undersigned, is hereby terminated.
- On _____, I provided the City Clerk's Office with my former partner's last known address and I understand that a copy of the Certificate of Termination will be provided to my partner at that address.
- I understand that the original of this Certificate of Termination of Domestic Partnership will be recorded in the Official Records of Sarasota County and that the rights that my former partner and I received as a result of registering our partnership, including health care surrogacy, are no longer applicable.

 Printed Name (Last) (First) (Middle)

 Signature of Partner stated above

 Address

 Telephone Number

STATE OF FLORIDA
 COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____ by _____
 who is personally known to me or who has produced _____
 _____ as identification.

 Signature of Notary Public

Notary Seal

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 40, Article I of the City Code of the City of Venice. I do further certify that the registration recorded in the Domestic Partnership Registry of the City of Venice as Registration Number _____ is hereby terminated. Signed this _____ day of _____.

 City Clerk