RECORD & RETURN to:
Rosemarie Call
Clearwater City Clerk
600 Cleveland Street, 6th Floor
Clearwater, FL 33755

CITY OF CLEARWATER AFFIDAVIT OF TERMINATION OF DOMESTIC PARTNERSHIP
Chapter 13 of the Clearwater City Code
City of Clearwater City Clerk 727-562-4090
Office Hours: Monday through Friday from 8:00 a.m. to 5:00 p.m.

Instructions:

Complete and submit this form **(notarization is required)** to the City Clerk's Office at the address above. Call the City Clerk's office to 1) provide the City Clerk with your current contact information and your former partner's contact information and 2) to obtain your City of Clearwater Domestic Partnership registration number if you do not have it. A filing fee of **$10.00 is required** and must accompany the registration form. It may be submitted by mail to the address above or in person to the Clearwater City Clerk's Office. Make check payable to the City of Clearwater. The termination of Domestic Partnership becomes effective on the date of the recording of this form.

State of _____)
County of _____)

I swear or affirm under penalty of perjury that:

1. The Domestic Partnership between _____ ` _____
                                                                    (Former Domestic Partner)

OR Book and Page _____ Registration Number _____, and the

undersigned, is terminated.

2. On _____, I provided the City Clerk's Office with my former partner's last known

address and I understand that a copy of this Affidavit of Termination of Domestic Partnership will be provided

to my partner to that address and to any email on file with the City Clerk for my former partner.

3. I understand that the original of this Affidavit of Termination of Domestic Partnership will be recorded in

the Pinellas County Official Records and that the rights that my former domestic partner and I received as a

result of registering our partnership, including health care surrogacy, are no longer applicable.

Signature _____

Print Name: _____

Notarization: (Required)

Sworn to and subscribed before me this ____ day of _____, 20___ by _____

who is personally known _____ or produced identification_____.

_____
Signature of Notary Public

For Clerk's Use Only:
Filing Date: _____   Received by _____   Registration # _____
Sent to Recording on _____ by _____ Date of Amendments/Termination: _____