Record and Return To: Heather Faust, MMC City of North Port 4970 City Hall Boulevard North Port FL 34286

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



AFFIDAVIT FOR TERMINATION OF DOMESTIC PARTNERSHIP

Part II, Chapter 15 of the North Port City Code

This form is to be used when both partners are signing form	n.		
Instructions: Complete and submit this form in person (notarization is a Boulevard, North Port, Florida, phone (941) 429-7000. All id \$30.00 is required and must accompany the form. Make a becomes effective ten days from the date the Certificate of T	dentification cards must be surre check payable to the City of Nor	endered at the time of te	ermination. A filing fee o
Does either applicant claim any exemption to public record on a separate page a detailed explanation of exemption.	disclosure pursuant to Chapter 1	19, Florida Statutes? 🗆 🗅	YES NO. If yes, submi
We, the undersigned, swear or affirm under penalty of perju	ry that:		
The Domestic Partnership between			and
	, Registration Num	nber	·
is hereby terminated.			
Printed Name (Last) (First) (Middle)	Printed Name (Last)	(First)	(Middle)
Signature of Partner stated above	Signature of Partner s	tated 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 \square who are	e personally known to me or \square w	ho have produced	
as identification.			
Notary Seal	Signature of Notary Public		
CERTIFICATE OF TE	RMINATION OF DOMESTIC PART		
I do hereby certify that the Domestic Partnership between _	(Printed Name of Partner)	and(Printed Na	me of Partner)
is hereby terminated in accordance with the procedures our certify that the registration recorded in the Domestic Partner is hereby terminated. Signed this day of	ership Registry of the City of Nor	th Port as Registration N	

City Clerk