

RECORD & RETURN to:
Stephanie Herdocia
City Clerk
City of Orlando
400 S. Orange Avenue, 2nd
floor Orlando, FL 32801

CITY OF ORLANDO AFFIDAVIT OF TERMINATION OF DOMESTIC PARTNERSHIP

Article VI – Chapter 57 of the Orlando City Code

City of Orlando City Clerk 407-246-2251

Office Hours: Monday through Friday from 8:30 a.m. to 4:00 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 Orlando Domestic Partnership registration number and Orange County Official Records information 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 Orlando City Clerk's Office. Make check payable to the City of Orlando. 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, an affidavit of which was recorded in Orange County Official Record Book, Doc # _____, and as City of Orlando Domestic Partnership Registration Number _____ between _____ (former domestic partner) 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 Orange 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former domestic partner and I received as a result of registering our partnership, including health care surrogacy, are no longer applicable.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 (or affirmed) and subscribed before me by means of _____ physical presence or _____ online notarization, this _____ day of _____, _____, by _____ who is personally known to me _____ or produced identification _____.

Signature of Notary Public

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