



City of Cape Coral

DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP

Code of Ordinances Chapter 28 – Office of the City Clerk, 1015 Cultural Park Blvd., Cape Coral, FL 33990

Telephone: (239) 574-0411 / Email: ctyclk@capecoral.gov / Office Hours Monday through Friday from 7:30 a.m. to 4:30 p.m.

Registration Certificate No. _____

Instructions:

Complete and submit this form **(notarization is required)** to the City Clerk's Office at the address above. A filing fee of \$25.00 is required and must accompany the registration form. Payment must be Cash, Credit or Debit. The termination of Domestic Partnership becomes effective on the date of filing this form. **This form is to be used only when signed by both partners.**

Do you or your domestic partner claim any exemption to the public records disclosure pursuant to Section 119 Florida Statutes? ☐ Yes ☐ No. If "yes", submit on a separate page a detailed explanation of exemption.

I swear or affirm under penalty of perjury that:

1. The Domestic Partnership between _____ and _____, Registration Certificate Number _____, is hereby terminated.

Signed: _____

Print Name: _____

Address: _____

Telephone #() _____

Signed: _____

Print Name: _____

Address: _____

Telephone#: () _____

Notarization (Required)

State of _____ County of _____ The foregoing instrument was acknowledged before me by the means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20__ by _____ and _____ who are personally known or produced Identification _____

Signature of Notary

(SEAL)

For Clerk's Use Only:

Filing Date: _____ DCP# _____ Received by: _____