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 one partner.**

****If the termination statement is **not** signed by both registered domestic partners, a copy of the termination statement shall be served, by certified or registered mail, on the other registered domestic partner, and proof of service shall be filed with the City Clerk's Office. Ord. 35-14*

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 _____
   Former Domestic Partner

   Registration Certificate Number _____, and the undersigned, is hereby terminated, and

2. On _____, the City Clerk's Office was provided with his/her last known address, which is _____. A copy of the termination statement shall be served by certified or registered mail on the other Registered Domestic Partner.

Signature _____

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 _____

_____ (SEAL)

Signature of Notary

For Clerk's Use Only:

Filing Date: _____ DCP# _____ Received by: _____