

LEON COUNTY AFFIDAVIT OF TERMINATION OF REGISTERED DOMESTIC PARTNERSHIP
Per Chapter 9, Article V, Leon County Code of Laws

This form is to be used when only ONE partner is signing the Affidavit of Termination form.

INSTRUCTIONS: Come in person to the **Leon County Clerk of Courts Official Records/Marriage/Passports office, 313 S. Calhoun Street, Tallahassee, FL 32301** (County Clerk's office). **Office Hours are Monday – Friday, 8:00 a.m. – 5:00 p.m.** A recording fee of \$20.00 is required, and must be remitted at the time of filing by cash, credit card, or check (made payable to the Leon County Clerk of Courts). Upon arrival at the County Clerk's office, you will be provided a blank Affidavit of Termination of Registered Domestic Partnership (Affidavit of Termination) and instructed to complete the information on the form, except for those sections that indicate signatures. The termination of the Registered Domestic Partnership becomes effective as follows: (a) on the date the Affidavit of Termination was recorded in the Official Records of Leon County, unless the Registered Domestic Partnership is automatically terminated for the reasons identified in "b", as follows; (b) on the date of occurrence of any of the following: one (or both) of the Registered Domestic Partners becomes married under Florida Law; or one of the Registered Domestic Partners dies (provided, however, provisions relating to funeral and burial decisions survive); or one (or both) of the Registered Domestic Partners enters into a civil union or Registered Domestic Partnership with someone other than his or her Registered Domestic Partner.

I the undersigned swear or affirm under oath, with penalty of perjury, that the statements and information provided herein are true and correct.

1. The Domestic Partnership between _____ and the undersigned, recorded
(Printed Former Domestic Partner's Name – Last, First, Middle)

in the Official Records of Leon County at Book and Page No. _____, is hereby terminated.

2. I understand that a copy of the Certificate of Termination will be sent by the County Clerk's office to my former domestic partner's last know mailing address, which is as follows:

Printed Mailing Address of Former Partner (Address, City, State, Zip)

3. I understand that a copy of this Affidavit of Termination will be recorded in the Official Records of Leon County and the rights that my former partner and I received as a result of registering our domestic partnership, including health care surrogacy, are no longer applicable.

Printed Name of Recording Partner (Last, First, Middle)

Signature of Recording Partner (stated to the left)

Printed Mailing Address of Recording Partner (stated above) (Address, City, State, Zip)

Telephone Number: (_____) _____

STATE OF FLORIDA
COUNTY OF LEON

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20 ____ by _____

who is personally known to me or who has produced _____ as identification.

Signature of Deputy Clerk

CERTIFICATE OF TERMINATION OF REGISTERED DOMESTIC PARTNERSHIP

I do hereby certify that the Registered Domestic Partnership between _____ and _____ is hereby terminated in accordance with the procedures outlined in Chapter 9, Article V of the Leon County Code of Laws. I do further certify that the Registered Domestic Partnership recorded in the Leon County Official Records at Book and Page No. _____ is hereby terminated.

Signed this _____ day of _____, 20 ____.

Signature of Deputy Clerk