

**PINELLAS COUNTY AFFIDAVIT OF TERMINATION
OF DOMESTIC PARTNERSHIP**

Pinellas County Ordinance § 70-238 Pinellas County Code

I swear or affirm under penalty of perjury that:

- 1.) The Domestic Partnership, Domestic Partnership Registry #BK____PG____, between: _____, Former Domestic Partner and the undersigned, is hereby terminated.

- 2.) I understand that this termination of the domestic partnership is effective upon filing with the Clerk of Court, making the domestic partnership null, void and of no future force and effect.

- 3.) I understand that upon the filing of this termination Domestic Partnership Registry #BK____PG____, shall no longer appear in the Domestic Partnership Registry.

- 4.) On _____, I provided a copy of this Affidavit of Termination of Domestic Partnership to my former domestic partner at their last known address.

Signature: _____

Print Name: _____

Address: _____

Telephone Number: _____

Date of Birth: _____

Notarization: *(Required)*

State of _____

County of _____

Sworn to and subscribed before me this ____ day of _____, 20__ by _____ who is personally known ____ or produced Identification _____.

Signature of Notary Public

NOTE: If either of the co-applicants claims **any exemption to public record disclosure** pursuant to Section 119, Florida Statutes, the person claiming such exemption must make a separate written request for maintenance of the exemption as to this record. A form is available upon request from the Clerk of Court for this purpose.