

**AFFIDAVIT OF NOTIFICATION**

Termination of Registered Domestic Partnership  
Certificate # \_\_\_\_\_

STATE OF FLORIDA    )

COUNTY OF VOLUSIA )

I, \_\_\_\_\_ (“Affiant”) hereby swear and affirm that in accordance with the provisions of Chapter 41, Section 41-5 of the Volusia County Code, I have notified my registered domestic partner:

Name of Registered Domestic Partner:

\_\_\_\_\_

Address of Registered Domestic Partner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

via certified mail that I am terminating the domestic partnership with that individual.

FURTHER AFFIANT SAYETH NOT

Sworn to and Subscribed before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by

\_\_\_\_\_.

\_\_\_\_\_  
Signature  
Notary Public - State of Florida  
(SEAL)

\_\_\_\_\_  
Print, Type or Stamp Name  
Personally Known \_\_\_\_\_ OR Produced ID \_\_\_\_\_  
If Produced ID, Type: \_\_\_\_\_  
Commission No.: \_\_\_\_\_