

**AFFIDAVIT OF TERMINATION**

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

(If executed by only one registered domestic partner, an affidavit of notification of the absent registered domestic partner must be completed in the presence of the county clerk or his or her designee.)

STATE OF FLORIDA)

COUNTY OF VOLUSIA)

I, \_\_\_\_\_ and \_\_\_\_\_ (jointly, “Affiants”) hereby terminate the registered domestic partnership registered in our names and relinquish all rights and duties originally granted or received as a result of our original execution of the affidavit of domestic partnership. The domestic partnership of the undersigned affiants is hereby null, void and of no future force and effect.

Name of Registered Domestic Partner:

Name of Registered Domestic Partner:

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Print: \_\_\_\_\_

Address of Registered Domestic Partner:

Address of Registered Domestic Partner:

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

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

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.: \_\_\_\_\_