

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.: _____