

City Clerk's Office - 1700 Convention Center Drive, Miami Beach, FL 33139
Phone: 305-673-7411 Email: CityClerk@miamibeachfl.gov
Office Hours: Monday through Friday from 8:30 a.m. to 5:00 p.m.

DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP
Article IV -Chapter 62-161 of the Miami Beach City Code

Registration No. _____

Instructions:

Complete and submit this form (**notarization is required**) to the City Clerk's Office at the address above. A filing fee of \$25.00 is required and must accompany the registration form. Make check payable to the City of Miami Beach. The termination of Domestic Partnership becomes effective on the date of filing this form. **This form to be used when both partners are signing.**

Do you or your domestic partner claim any exemption to public record disclosure pursuant to Section 119 Florida Statutes? Yes No. *If "yes", submit on a separate page a detailed explanation of exemption.*

I swear or affirm under penalty of perjury that:

1. The Domestic Partnership between _____ and
_____, Registration Number _____

is hereby terminated.

Signed: _____ Signed: _____

Print Name: _____ Print Name: _____

Address: _____ Address: _____

Telephone Number () _____ Telephone No. () _____

Notarization: (Required)

State of _____

County of _____

Sworn to and subscribed before me this ____ day of _____, 200__ by _____ and
_____ who are personally known ____ or produced Identification _____.

Signature of Notary Public

For Clerk's Use Only:

Filing Date _____ **MCR#** _____ **Received by:** _____

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