

LEON COUNTY AFFIDAVIT OF TERMINATION OF REGISTERED DOMESTIC PARTNERSHIP
Per Chapter 9, Article V, Leon County Code of Laws

This form is to be used when BOTH partners are signing the Affidavit of Termination form.

INSTRUCTIONS: Come in person to the **Leon County Clerk of Courts Official Records/Marriage/Passports office, 1276 Metropolitan Blvd., #101 Tallahassee, FL 32312** (County Clerk's office). **Office Hours are Monday – Friday, 8:00 a.m. – 5:00 p.m.** A recording fee of \$20.00 is required, and must be remitted at the time of filing by cash, credit card, or check (made payable to the Leon County Clerk of Courts). Upon arrival at the County Clerk's office, you will be provided a blank Affidavit of Termination of Registered Domestic Partnership (Affidavit of Termination) and instructed to complete the information on the form, except for those sections that indicate signatures. The termination of the Registered Domestic Partnership becomes effective as follows: (a) on the date the Affidavit of Termination was recorded in the Official Records of Leon County, unless the Registered Domestic Partnership is automatically terminated for the reasons identified in "b", as follows; (b) on the date of occurrence of any of the following: one (or both) of the Registered Domestic Partners becomes married under Florida Law; or one of the Registered Domestic Partners dies (provided, however, provisions relating to funeral and burial decisions survive); or one (or both) of the Registered Domestic Partners enters into a civil union or Registered Domestic Partnership with someone other than his or her Registered Domestic Partner.

We the undersigned swear or affirm under oath, with penalty of perjury, that the statements and information provided herein are true and correct.

1. The Domestic Partnership between _____ and
(Printed Recording Domestic Partner's Name – Last, First, Middle)

_____, recorded in the Official Records of Leon County at Book
(Printed Recording Domestic Partner's Name – Last, First, Middle)

and Page No. _____, is hereby terminated.

2. We understand that a copy of this Affidavit of Termination will be recorded in the Official Records of Leon County and the rights that we received as a result of registering our domestic partnership, including health care surrogacy, are no longer applicable.

Printed Recording Partner (Last, First, Middle)

Printed Recording Partner (Last, First, Middle)

Signature of Partner (stated above)

Signature of Partner (stated above)

Printed Mailing Address

Printed Mailing Address

City, State, Zip

Telephone

City, State, Zip

Telephone

STATE OF FLORIDA
COUNTY OF LEON

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20 ____ by

_____ who produced _____ as identification and
Printed Name of Recording Partner

_____ who produced _____ as identification.
Printed Name of Recording Partner

Signature of Deputy Clerk