

**RECORD & RETURN to:**  
**Rosemarie Call**  
**Clearwater City Clerk**  
**600 Cleveland Street, 6<sup>th</sup> Floor**  
**Clearwater, FL 33755**

**CITY OF CLEARWATER AFFIDAVIT OF TERMINATION OF DOMESTIC PARTNERSHIP**

Chapter 13 of the Clearwater City Code

City of Clearwater City Clerk 727-562-4090

Office Hours: Monday through Friday from 8:00 a.m. to 5:00 p.m.

**Instructions:**

Complete and submit this form (**notarization is required**) to the City Clerk's Office at the address above. Call the City Clerk's office to 1) provide the City Clerk with your current contact information and your former partner's contact information and 2) to obtain your City of Clearwater Domestic Partnership registration number if you do not have it. A filing fee of \$10.00 is required and must accompany the registration form. It may be submitted by mail to the address above or in person to the Clearwater City Clerk's Office. Make check payable to the City of Clearwater. The termination of Domestic Partnership becomes effective on the date of the recording of this form.

State of \_\_\_\_\_)  
County of \_\_\_\_\_)

**I swear or affirm under penalty of perjury that:**

1. The Domestic Partnership between \_\_\_\_\_  
(Former Domestic Partner)

OR Book and Page \_\_\_\_\_ Registration Number \_\_\_\_\_, and the undersigned, is terminated.

2. On \_\_\_\_\_, I provided the City Clerk's Office with my former partner's last known address and I understand that a copy of this Affidavit of Termination of Domestic Partnership will be provided to my partner to that address and to any email on file with the City Clerk for my former partner.

3. I understand that the original of this Affidavit of Termination of Domestic Partnership will be recorded in the Pinellas County Official Records and that the rights that my former domestic partner and I received as a result of registering our partnership, including health care surrogacy, are no longer applicable.

Signature \_\_\_\_\_

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

**Notarization: (Required)**

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

who is personally known \_\_\_\_\_ or produced identification \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

**For Clerk's Use Only:**

Filing Date: \_\_\_\_\_ Received by \_\_\_\_\_ Registration # \_\_\_\_\_  
Sent to Recording on \_\_\_\_\_ by \_\_\_\_\_ Date of Amendments/Termination: \_\_\_\_\_