



For Clerk's Office Use Only:  
Filing Date: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Registration No.: \_\_\_\_\_

**AFFIDAVIT FOR TERMINATION OF DOMESTIC PARTNERSHIP**  
Chapter 18, Article VIII of the Sarasota City Code

**This form is to be used when ONE partner is signing form.**

**Instructions:**

Complete and submit this form in person (**notarization is required**) to the City Auditor and Clerk's Office located in Room 110, Sarasota City Hall, 1565 First Street, Sarasota, Florida, phone (941) 954-4160. A filing fee of \$20.00 is required and must accompany the form. Make check payable to the City of Sarasota. The termination of Domestic Partnership becomes effective ten (10) days from the date the certificate of termination is issued.

Do you or your domestic partner claim any exemption to public record disclosure pursuant to Chapter 119, Florida Statutes?  YES  NO. If yes, submit on a separate page a detailed explanation of exemption.

I the undersigned swear or affirm under penalty of perjury that:

1. The Domestic Partnership between \_\_\_\_\_ Registration Number \_\_\_\_\_,  
(Former Domestic Partner)  
and the undersigned, is hereby terminated.
2. On \_\_\_\_\_, I provided the City Auditor and Clerk's Office with my former partner's last known address and I understand that a copy of the Certificate of Termination will be provided to my partner at that address.
3. I understand that the original of this Certificate of Termination of Domestic Partnership will be recorded in the Official Records of Sarasota County and that the rights that my former partner and I received as a result of registering our partnership, including health care surrogacy, are no longer applicable.

\_\_\_\_\_  
Printed Name (Last) (First) (Middle)

\_\_\_\_\_  
Signature of Partner stated above

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_  
 who is personally known to me or  who has produced \_\_\_\_\_  
\_\_\_\_\_ as identification.

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

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**CERTIFICATE OF TERMINATION OF DOMESTIC PARTNERSHIP**

I, do hereby certify that the Domestic Partnership between \_\_\_\_\_ and \_\_\_\_\_  
(Printed Name of Partner) (Printed Name of Partner)

is hereby terminated in accordance with the procedures outlined in Chapter 18, Article VIII of the City Code of the City of Sarasota. I do further certify that the registration recorded in the Domestic Partnership Registry of the City of Sarasota as Registration Number \_\_\_\_\_ is hereby terminated. Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Pamela M. Nadalini, MBA, CMC  
City Auditor and Clerk