



DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP
Chapter 62, Article XII of the Sarasota County Code of Ordinances

This form is to be used when only ONE partner is signing the form.

Instructions: Form must be completed and submitted to the Sarasota County Clerk of the Circuit Court and County Comptroller located at 2000 Main Street, Sarasota, FL 34237 or 4004 S. Tamiami Trail, Venice, FL 34293 to be recorded into the Official Records.

The termination of Domestic Partnership becomes effective on the date of recording of the Declaration of Termination signed by both Registered Domestic Partners, or, if the Declaration of Termination is not signed by both partners, on the date that the termination is communicated to the other partner, as evidenced by the recording of the Declaration along with a certified mail return receipt with the signature of the other partner.

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

- 1. The Domestic Partnership between [blank] and [blank] (Printed name of Partner #1) (Printed name of Partner #2) Recorded as Instrument Number [blank] is hereby terminated.
2. I have provided the Clerk of Circuit Court and County Comptroller's office with a certified mail return receipt with the signature of the other partner.
3. I understand that the original of the Declaration 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that my former partner and I received as a result of registering our partnership, including health care surrogacy, are no longer applicable.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

Address City State Zip Code

STATE OF FLORIDA, COUNTY OF [blank]

Sworn to and subscribed before me this [blank] day of [blank], 20 [blank] by: [blank] and [blank] who are personally known to me or who have produced [blank] as identification.

[] Notary Public [] Deputy Clerk for Karen E. Rushing Clerk of the Circuit Court and County Comptroller In and for Sarasota County, Florida