

City of West Palm Beach – City Clerk’s Office
200 2nd Street, West Palm Beach, FL 33401
Phone: 561-822-1200 Email: CityClerk@wpb.org
Office Hours: Monday through Friday from 8:00 a.m. to 5:00 p.m.



DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP
Article III – Chapter 42 of the West Palm 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 West Palm Beach. The termination of Domestic Partnership becomes effective on the date of filing this form. This form is to be used only when signed by one partner.

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 _____,
Former Domestic Partner

Registration Number _____, and the undersigned, is hereby terminated, and

2. On _____, the City Clerk’s Office was provided with his/her last known address, which is _____. A copy of the termination statement shall be served by certified or registered mail on the other Registered Domestic Partner.

Signed: _____

Signed: _____

Print Name: _____

Print Name: _____

Address: _____

Address: _____

Telephone No. () _____

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: _____ Registration Number _____