

Record and return to:
Office of the City Clerk
City of Pensacola
Post Office Box 12910
Pensacola, FL 32521

**CITY OF PENSACOLA AFFIDAVIT OF TERMINATION OF REGISTERED DOMESTIC PARTNERSHIP
Per Chapter 5-3 of City Code**

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

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 Escambia 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 Escambia 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the rights that we received as a result of registering our domestic partnership, including health care surrogacy, are no longer applicable.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 ESCAMBIA

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 Notary

For City Clerk's Office Use Only:
Filing Date: _____
Method of Payment: _____
Receipt No.: _____
Received By: _____
Registration No.: _____
Sent to Recording on: _____