

**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 only ONE partner is signing the Affidavit of Termination form.**

**I 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 the undersigned, recorded  
(Printed Former Domestic Partner's Name — Last, First, Middle)

in the Official Records of Escambia County at Book and Page No. \_\_\_\_\_, is hereby terminated,

2. I understand that a copy of the Certificate of Termination will be sent by the City Clerk's office to my former domestic partner's last know mailing address, which is as follows:

\_\_\_\_\_  
Printed Mailing Address of Former Partner (Address, City, State, Zip)

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former partner and I received as a result of registering our domestic partnership, including health care surrogacy, are no longer applicable.

\_\_\_\_\_  
Printed Name of Recording Partner (Last, First, Middle)

\_\_\_\_\_  
Signature of Recording Partner (stated to the left)

\_\_\_\_\_  
Printed Mailing Address of Recording Partner (stated above) (Address, City, State, Zip)

STATE OF FLORIDA  
COUNTY OF ESCAMBIA

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_

who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
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: \_\_\_\_\_