

City Clerk's Office - 1700 Convention Center Drive, Miami Beach, FL 33139  
Phone: 305-673-7411 Email: [CityClerk@miamibeachfl.gov](mailto:CityClerk@miamibeachfl.gov)  
Office Hours: Monday through Friday from 8:30 a.m. to 5:00 p.m.

**DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP**  
Article IV -Chapter 62-131 of the Miami 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 Miami Beach. The termination of Domestic Partnership becomes effective on the date of filing this form. **This form to be used when both partners are signing.**

**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 \_\_\_\_\_ and \_\_\_\_\_, Registration Number \_\_\_\_\_

is hereby terminated.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_ 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

<b>For Clerk's Use Only:</b> Filing Date _____ MCR# _____ Received by: _____
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